

Name
in
Full

Loyis Alfon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month July	Day 27	Years 24	Months 11	Days
Sex	Male	Color or Race	White			
Occupation	Ex. Soldier					
Married, Single or Widowed	Single	Name of Wife or Husband	Where Residing If not at place of death			
Father's Name	John. Jr. Alfon					
Mother's Maiden Name	Eliz. Gales					
Name of person giving information	John Alfon					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Tuberculosis of Lung

How long

2 mo

Immediate

How long

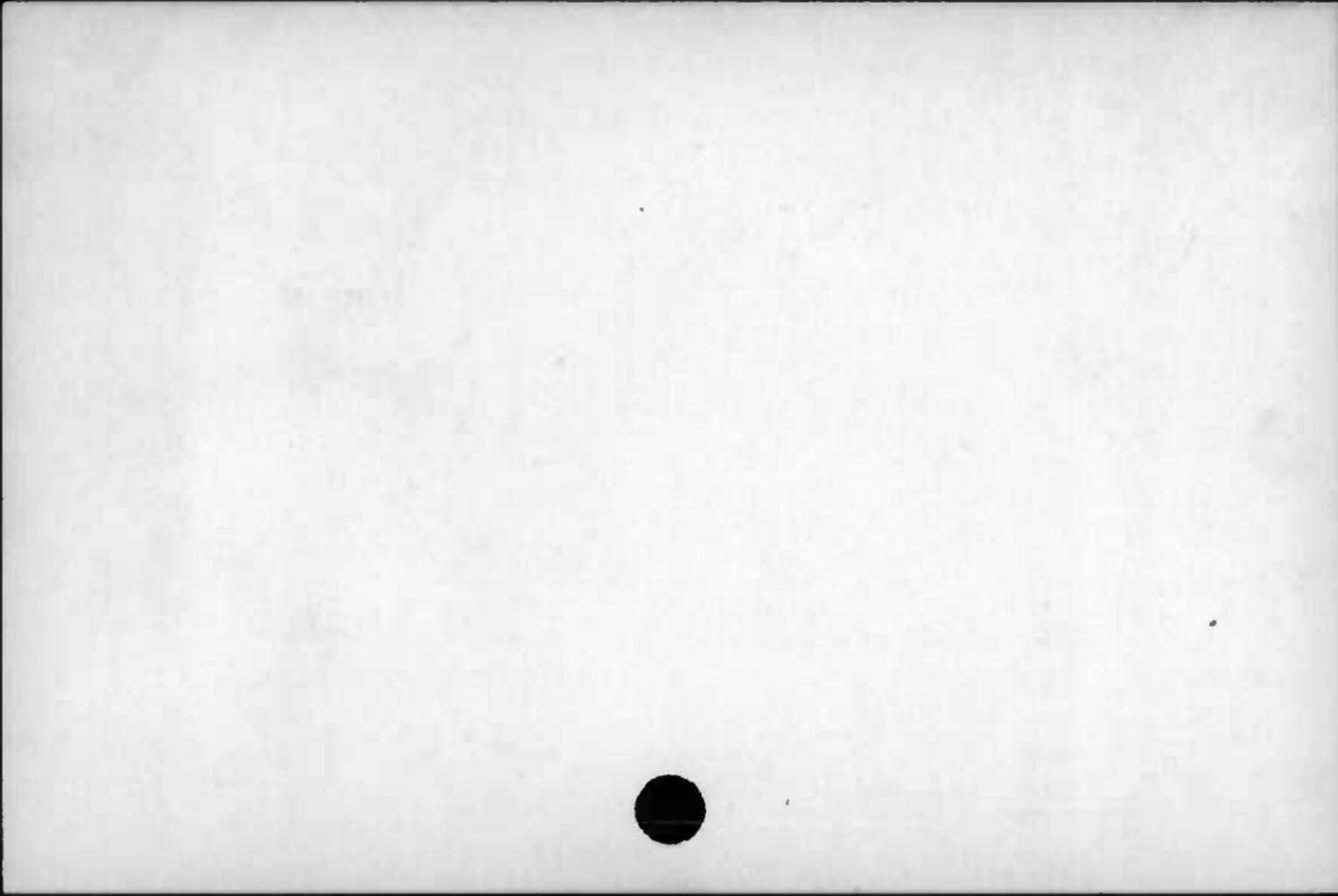
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. M. M. S

Accident or Suicide?



Name
in
Full

Samuel Amolosky

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	14	11 23
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Baltimore		
Father's Name	not known			
Mother's Maiden Name	" "			
Name of person giving information	brother			
CAUSES OF DEATH				
Primary	Accidental drowning			
Immediate	yes			
Are the name, age, sex, color, date and place correctly given above?		172		

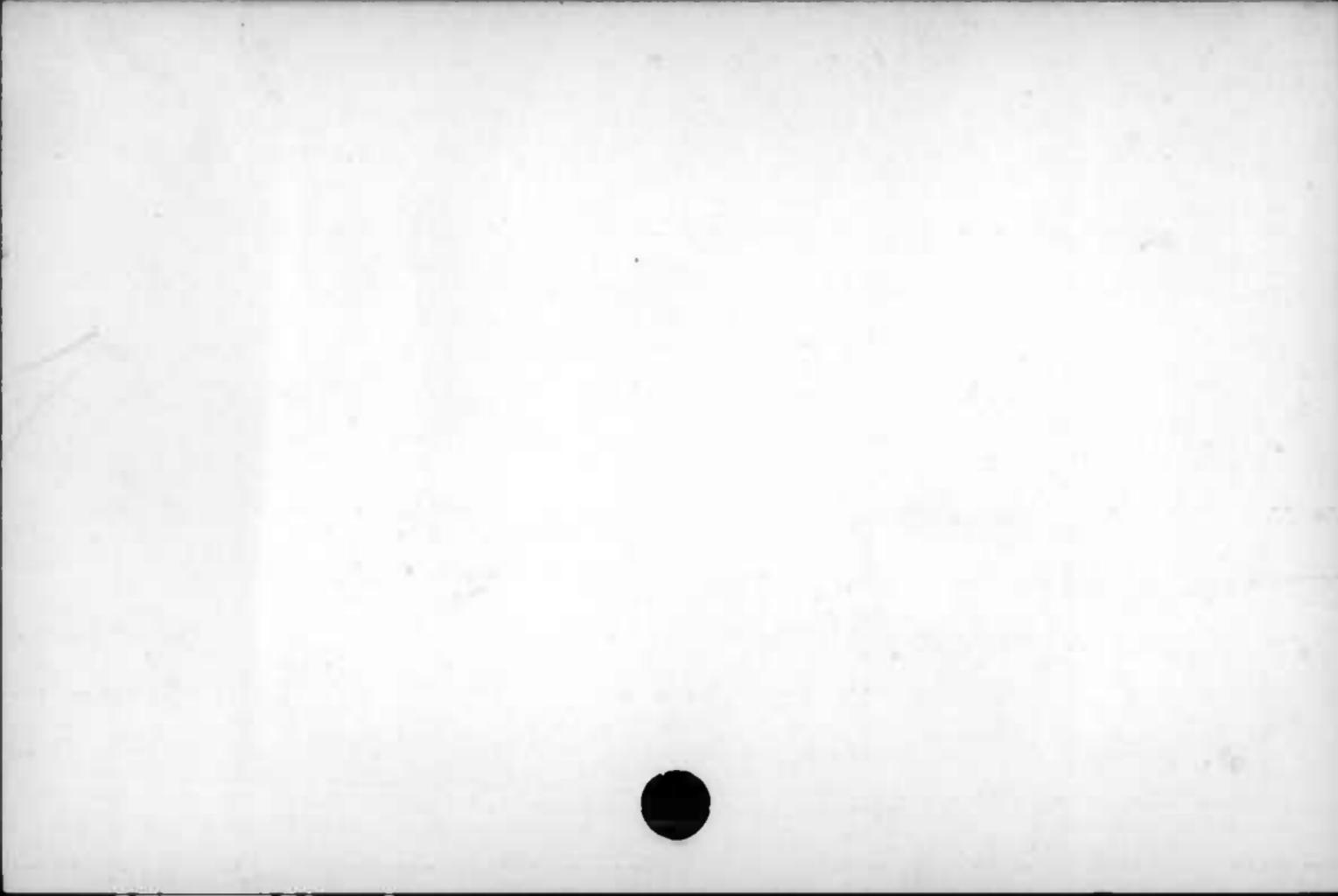
Signature of
Physician

Address

Wilson P. Burns Jr.
Shady Side

Accident or Suicide?

Accident



Name
in
Full

Francis Wingot - Bealer

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Annapolis</u> Town		County <u>a a Co.</u>	
Date of death <u>1907</u>	Month <u>July</u>	Day <u>23rd</u>	Years <u>5</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Months <u></u> Days <u></u>	
Occupation <u>None</u>	Where Residing if not at place of death		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband	Birthplace <u>Annapolis Md</u>	
Father's Name <u>Francis. Wingot Bealer</u>	Father's Birthplace <u>Annapolis Md</u>		
Mother's Maiden Name <u>Julia F. Graci</u>	Mother's Birthplace <u>cc</u>		
Name of person giving information <u>Francis H. Bealer</u>	How related to deceased <u>Brother</u>		

CAUSES OF DEATH

28

How long

How long

20 days

PHYSIAN
OR CORONER

Primary

Tuberculosis

Fireworks

Immediate

Ex. heart

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Geo. Wells

Annapolis Md

Accident or Suicide?

yes
No.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

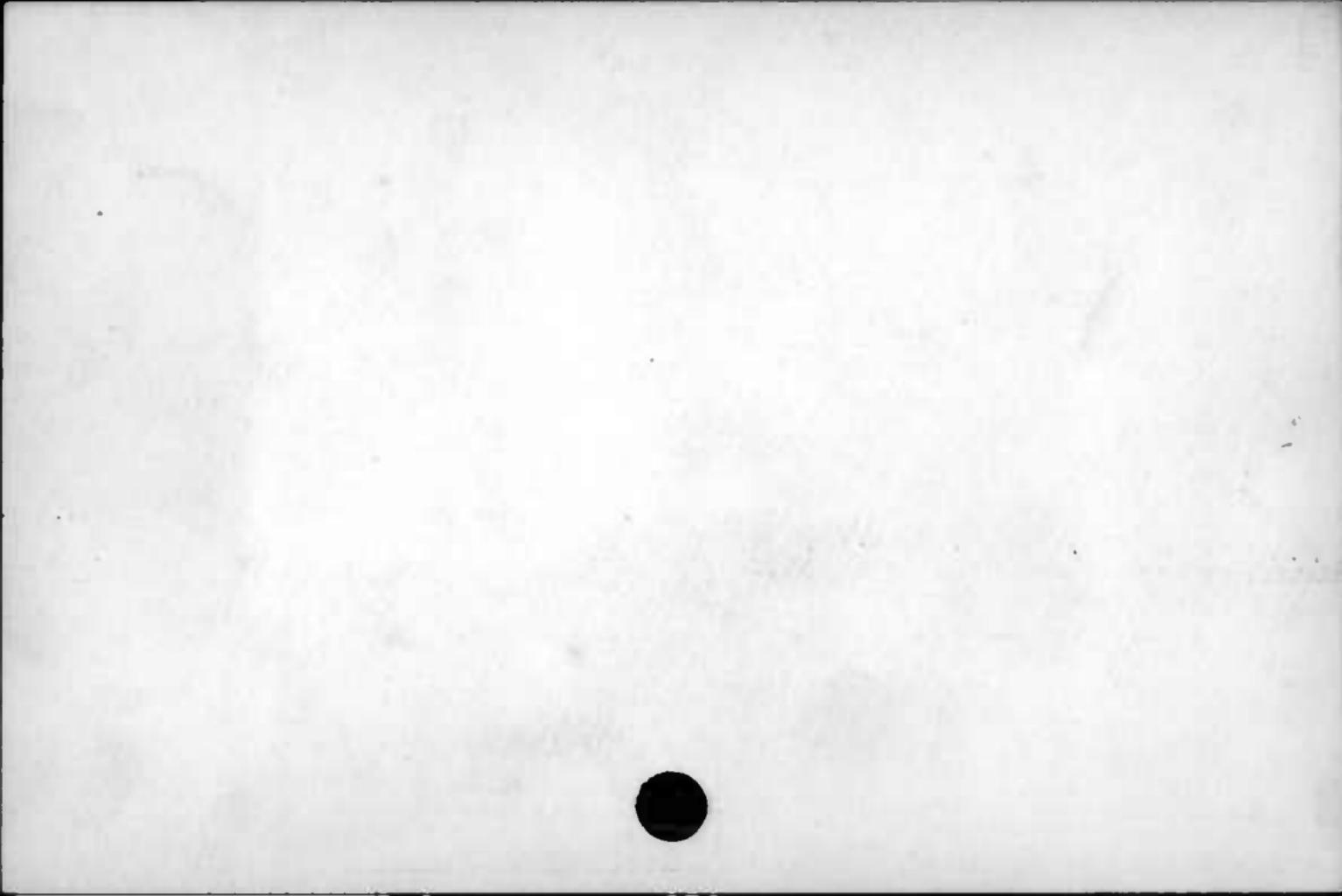
Caleb Horner Beard

CERTIFICATE OF DEATH

Died at	Annapolis		County	A A Co		MARYLAND	
Date of death	1907	Month July	Day 3	Age	Years 21	Months	Days
Sex	male	Color or Race	White	Birth-place	Annapolis		
Occupation	Not any	Where Residing if not at place of death		169 West Street			
Married, Single or Widowed	Single	Name of Wife or Husband	neither	Father's Birthplace	Rutland Md		
Father's Name	Caleb White Beard			Mother's Birthplace	Annapolis Md		
Mother's Maiden Name	Marion Alberta Beard			How related to deceased	Father		
Name of person giving information	Caleb White Beard						

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Malnutrition & dyspepsia 4 or 5 days.	
	Immediate	How long	140
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Johanna Purvis
		Address	Annapolis, Md.
Accident or Suicide?			



Name
in
Full

Still Born - Belt

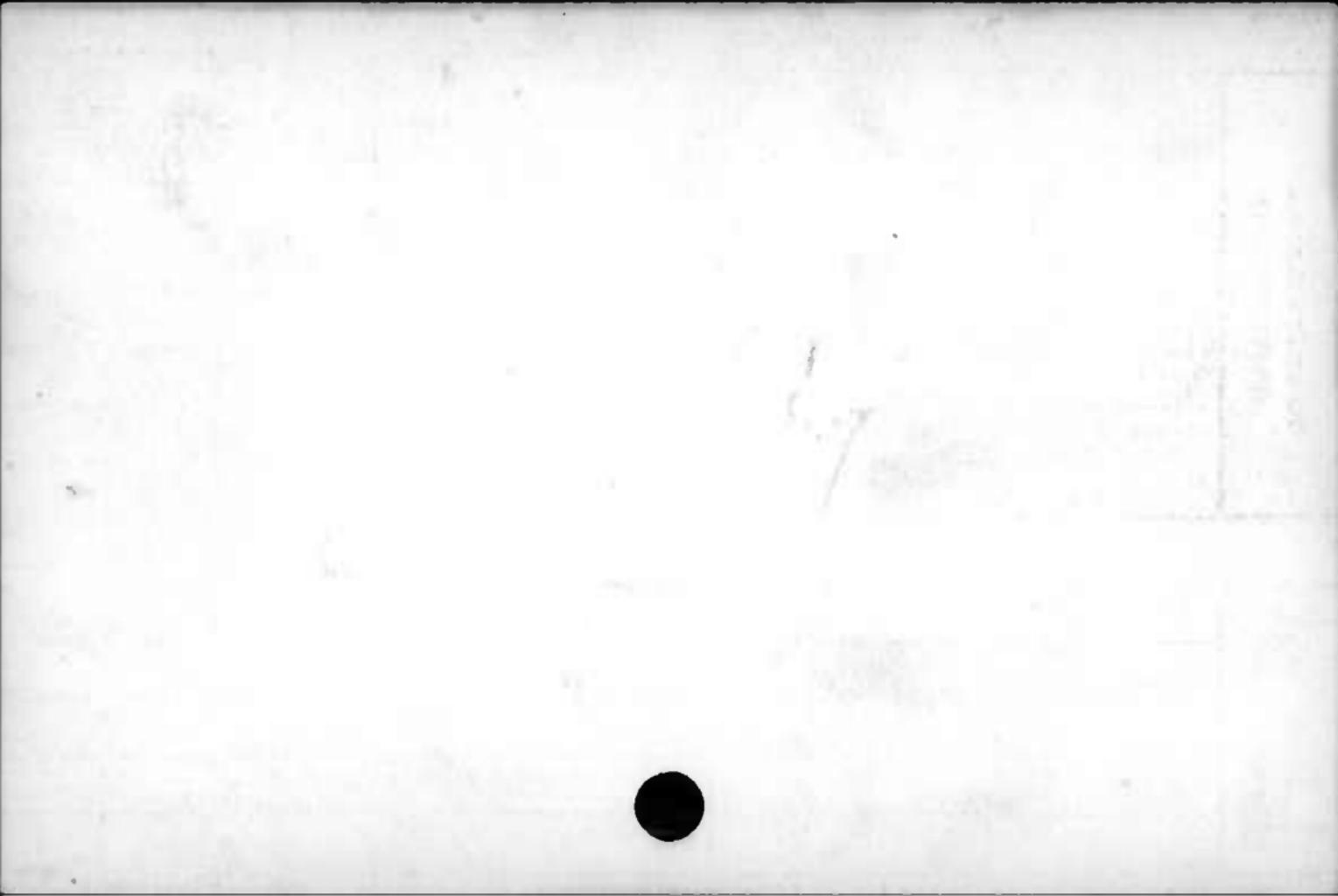
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND				
Date of death	1907	Month	July	Day	6	Years	—	Months	—	Days
Sex	male	Color or Race	Colored	Birth-place	annapolis md					
Occupation						Where Residing if not at place of death	36 Northwest st			
Married, Single or Widowed	Single	Name of Wife or Husband						Father's Birthplace	annapolis md	
Father's Name	Henry Belt						Mother's Birthplace	annapolis md		
Mother's Maiden Name	Ethel Henderson						How related to deceased	mother		
Name of person giving information	Ethel Belt									

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Stillborn	(S)	How long
	Immediate			How long
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	F. H. Thompson M.D.
			Address	193 Church St. Annapolis, Md.
Accident or Suicide?				



Name
in
Full

Nancie Bell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND		
Date of death	1907	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	24	11	11	20	
Occupation	Housewife	Where Residing if not at place of death	100 South St	Westerly	Bury		
Married, Single or Widowed	Single	Name of Wife or Husband	work woman				
Father's Name	William Bell	Father's Birthplace	Patuxent Md	Peterson			
Mother's Maiden Name	Cindarilla Boston	Mother's Birthplace	Patuxent Md	Peterson			
Name of person giving Information	Cindarilla Boston	How related to deceased	Mother				

CAUSES OF DEATH

120

How long

3 days

6 hrs

Primary

Uraemia

Immediate

Convulsions

Are the name, age, sex, color, date
and place correctly given above?

yes

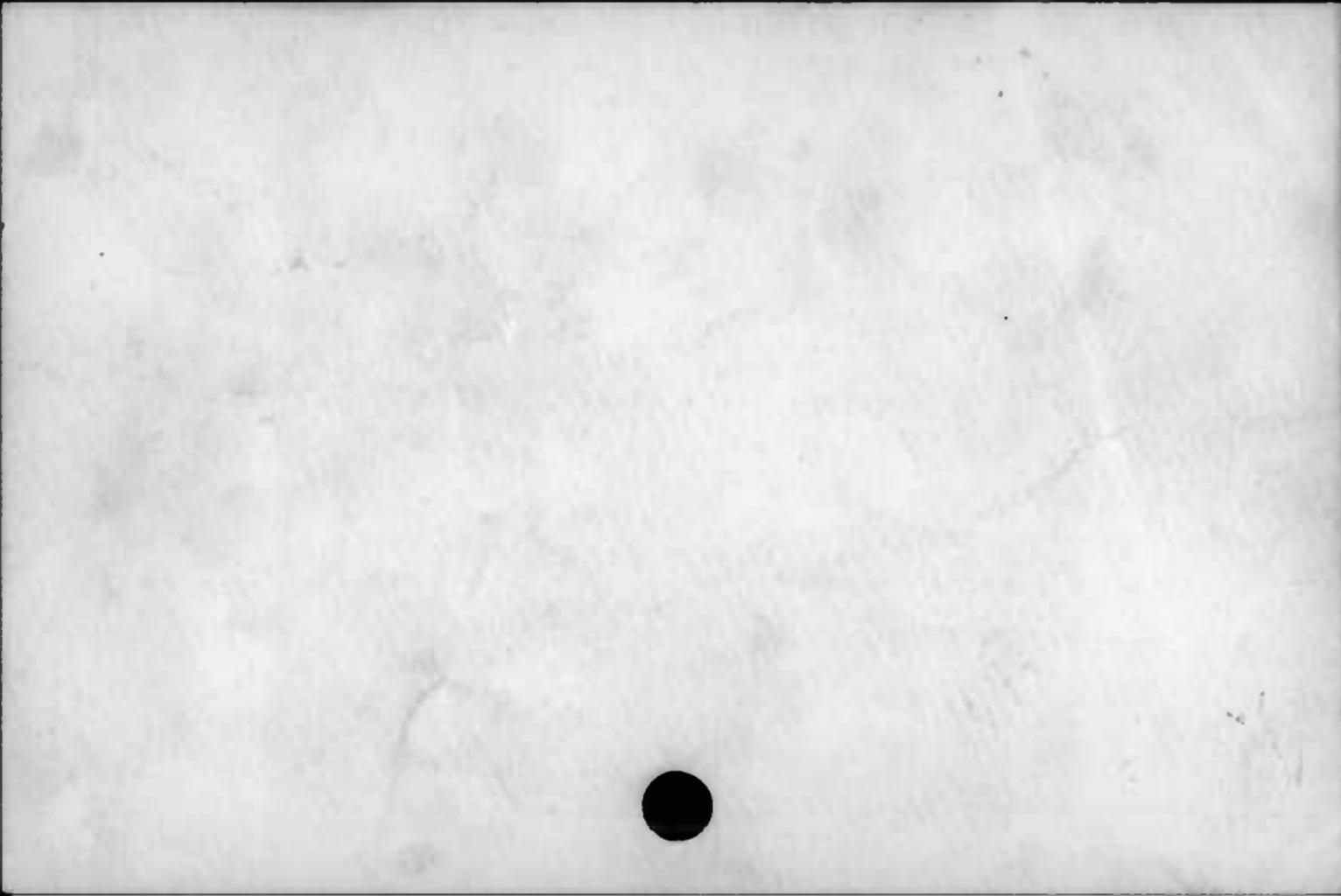
Signature of
Physician

P. P. Keeper

Address

60 Cathederal St
Annapolis Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1907	Month July	Day 12	Years 69	Months 8	Days	
Sex	Female	Color or Race	White		Birth-place	Meyer Co. N. J.	
Occupation	None		Where Residing if not at place of death				
Married, Single or Widowed	Spouse	Name of Wife or Husband	Alfred L. Britton		Father's Birthplace	Meyer Co. N. J.	
Father's Name	William J. Ford				Mother's Birthplace	" " "	
Mother's Maiden Name	Acha Hutchinson				How related to deceased	Husband	
Name of person giving Information	Alfred L. Britton						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

General Paralysis

67

How long

5 years

Immediate

Exhaustion

3 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

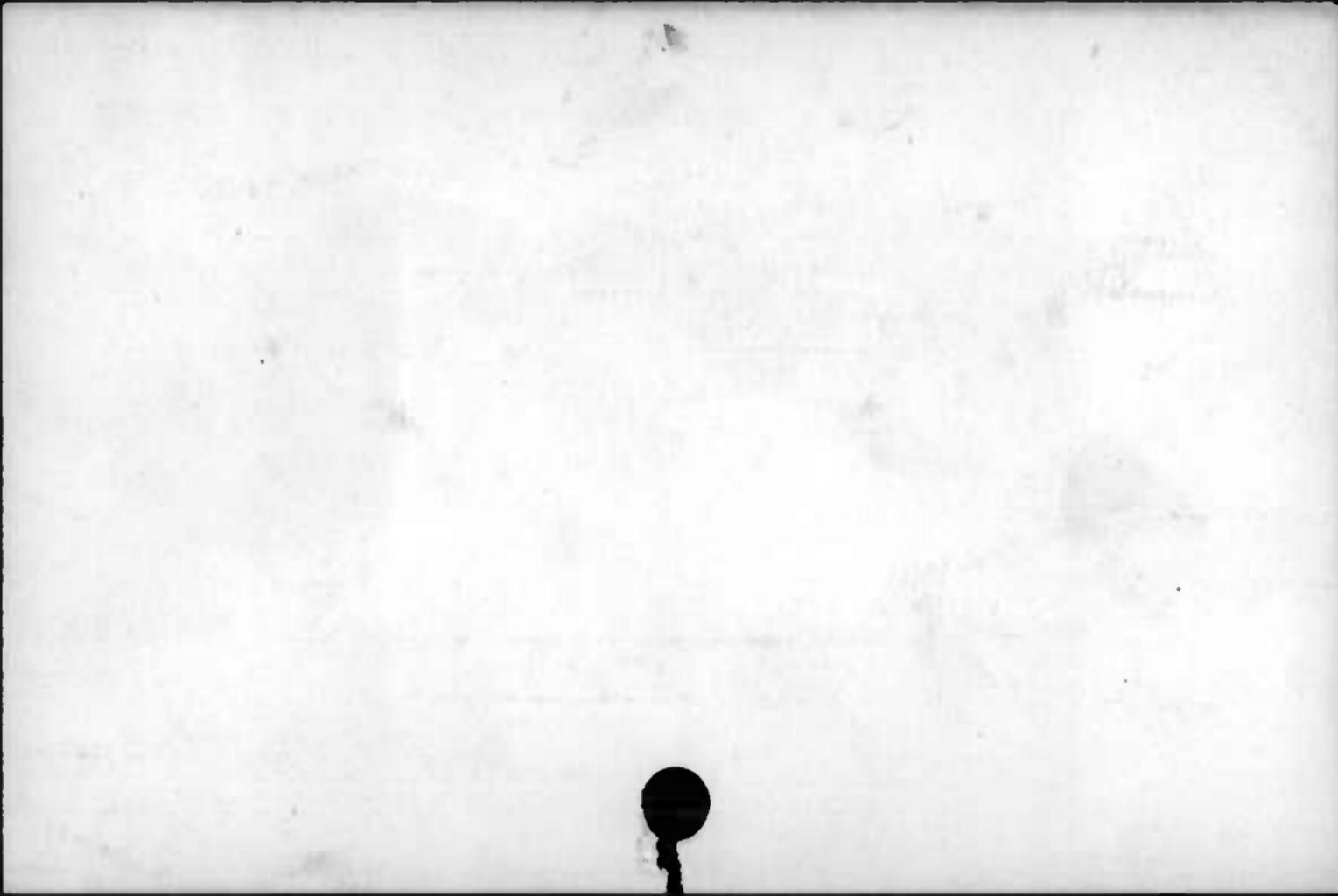
Signature of Physician

Address

Wm. Welch,
Annapolis

Accident or Suicide?

No



Name
in
Full

Ann Alberta Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Annapolis	Town	A.D.	County	MARYLAND	
Date of death	1907	Month	July	Day	Years	Months
Sex	Female	Color or Race	Colored	Age	20	Days
Occupation	House keeping					Where Residing if not at place of death
Married, Single or Widowed	Single	Name of Wife or Husband	76 Clay St Charles L. Brown			
Father's Name	Billie Jones					Father's Birthplace
Mother's Maiden Name	Charity Johnson					Mother's Birthplace
Name of person giving information	Charles D. Brown					How related to deceased

CAUSES OF DEATH

119

Primary

Acute Nephritis

How long

six weeks

Immediate

Asthenia

How long

Gradual

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

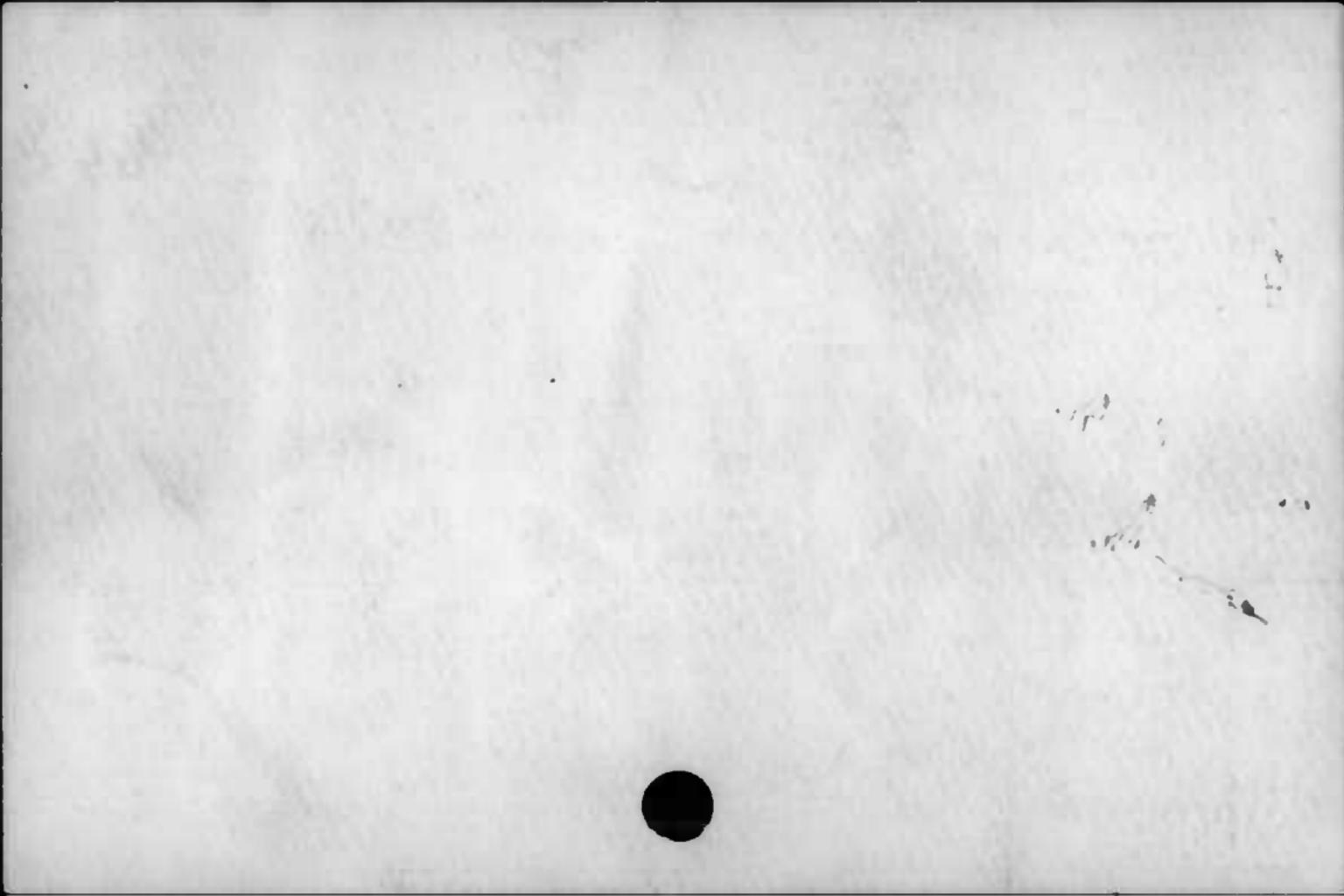
yes

Address

John Ridout
Annapolis
Md.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

James Reid Brown.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month July	Day 11.	Years —	Months 3.	Days —
Sex	Male.	Color or Race	Color. 11. Block. St.			
Occupation			Where Residing if not at place of death 11. Block. St.			
Married, Single or Widowed	Single	Name of Wife or Husband	11. Block. St.			
Father's Name	James Brown.			Father's Birthplace	Annapolis	
Mother's Maiden Name	Charlotte Mardock			Mother's Birthplace	Annapolis	
Name of person giving information	Charlotte Brown.			How related to deceased	Mother	

CAUSES OF DEATH

105-

PHYSICIAN
OR CORONER

Primary

Cholera Infantum

How long

Some days

Immediate

Exhaustion

How long

Gradual

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

yes

Address

John Reid Brown
Annapolis
Md.

Accident or Suicide?



Name
in
Full

Florence Carr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Annapolis	Town	Anne Arundel	County	MARYLAND
Date of death	1907	Month	July	Day	15
Age	23	Years		Months	
Sex	Female	Color or Race	Colored	Birth-place	Washington
Occupation	Domestic	Where Residing If not at place of death	38 Acorn Lane		
Married, Single or Widowed	Married	Name of Wife or Husband	Charles E. Carr.		
Father's Name	Demir Larkins	Father's Birthplace	Unknown		
Mother's Maiden Name	unknown	Mother's Birthplace	Unknown		
Name of person giving information	Charles E. Carr.	How related to deceased	Husband		

CAUSES OF DEATH

172

Primary
Accidental Drowning

How long

How long

PHYSICIAN
OR CORONER

Immediate

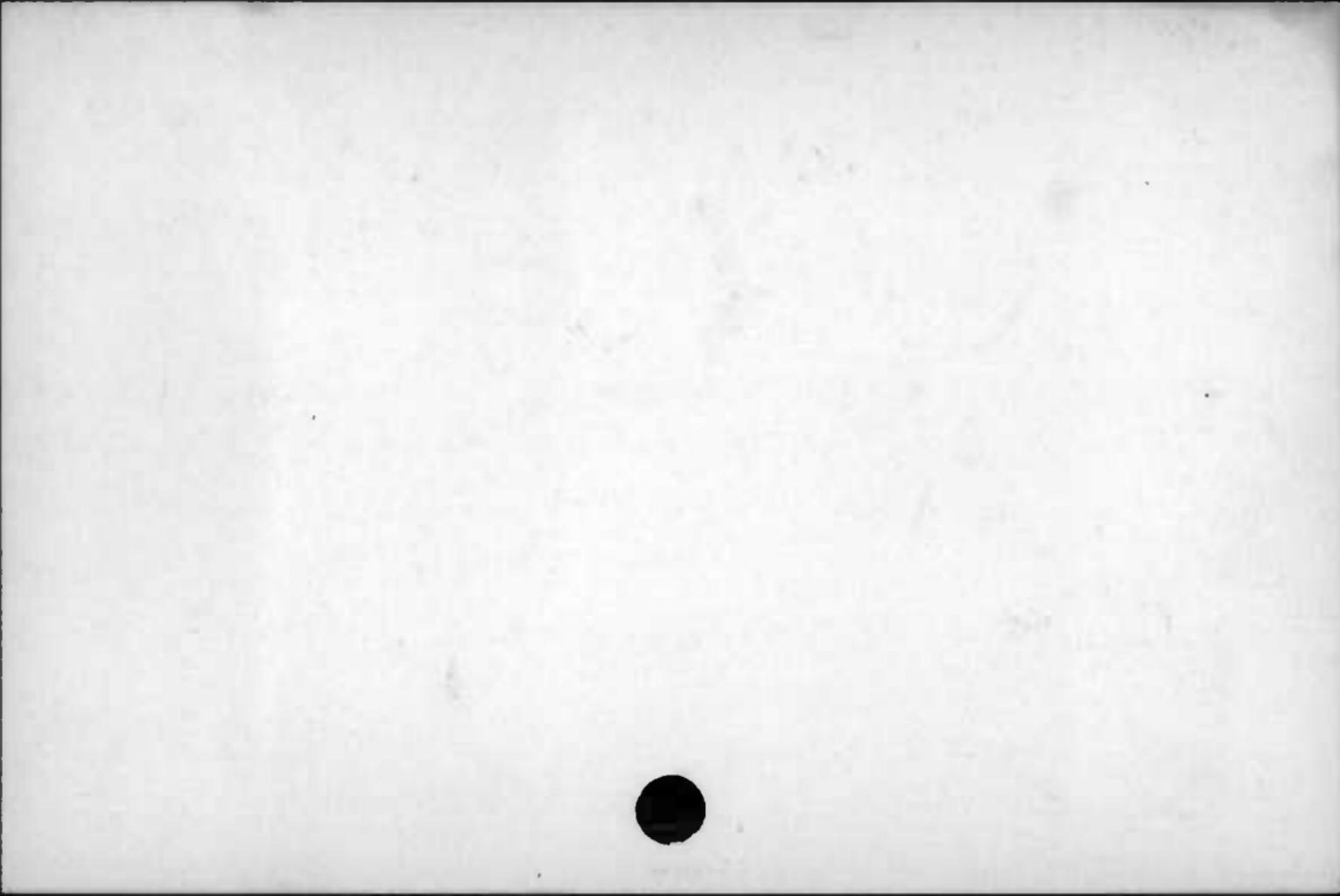
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J J May Jr MD
Annapolis

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

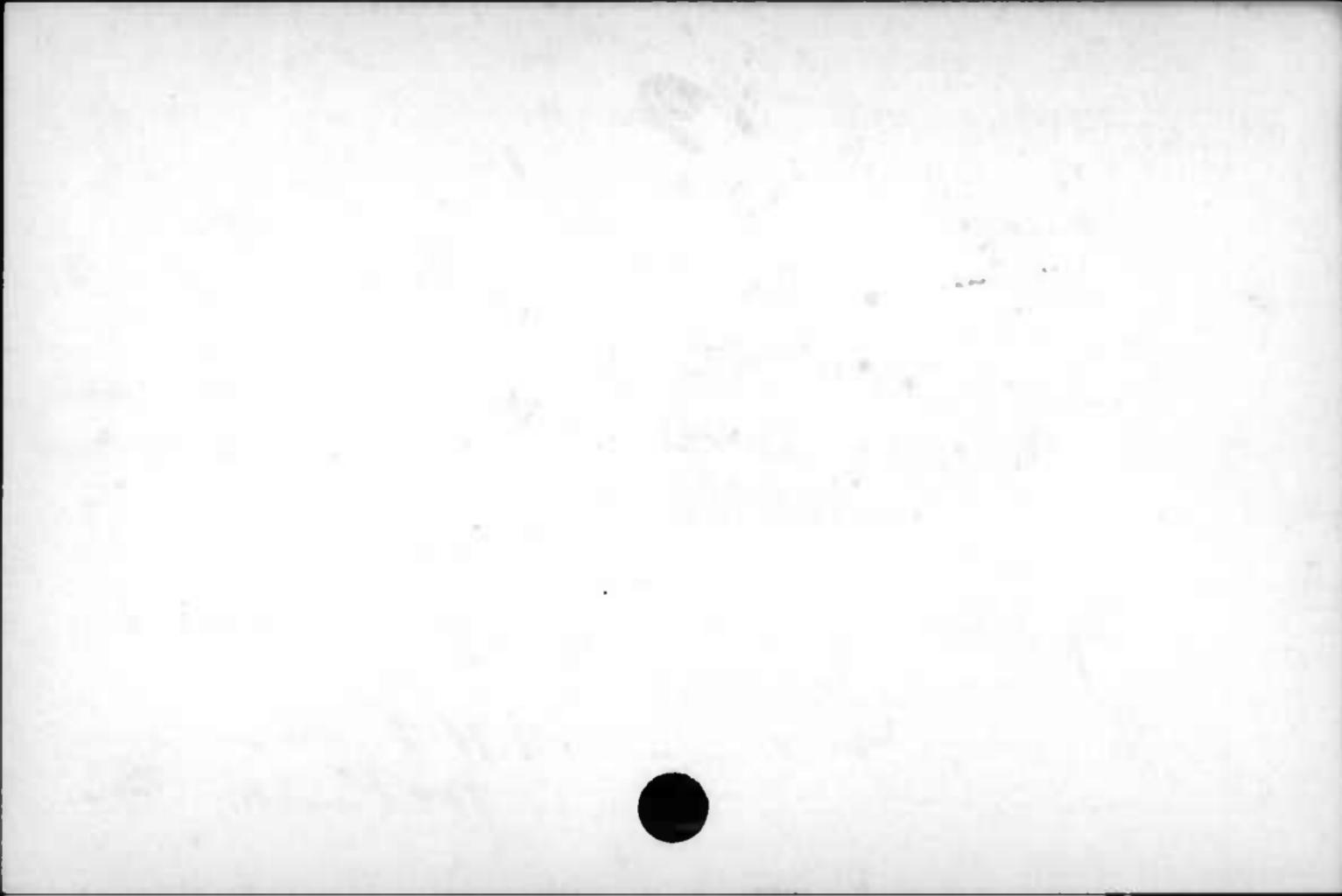
CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1907	Month July	Day 25	Years	Months	Days
Sex	Male	Color or Race	Black	Birth-place	Hanover, Md	
Occupation	None	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Joseph Carroll					Father's Birthplace
Mother's Maiden Name	Elizabeth Marshall					Mother's Birthplace
Name of person giving information	John Chester Marshall					How related to deceased

CAUSES OF DEATH

105

PHYSICIAN OR CORONER	Primary	Cholera Infantum		How long	One week
	Immediate	Exhaustion		How long	One day
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	C. R. Wrenn M.D.	
			Address	Hanover, Md	
Accident or Suicide?					



Name
in
Full

Rosa Chatman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1907	Month	Day	Age	Years	Months
Sex Female	Color or Race	Black	Birth-place	Days	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Friendship, Md			
Father's Name	George Chatman				
Mother's Maiden Name	Margaret Woottier				
Name of person giving Information	George Chatman				

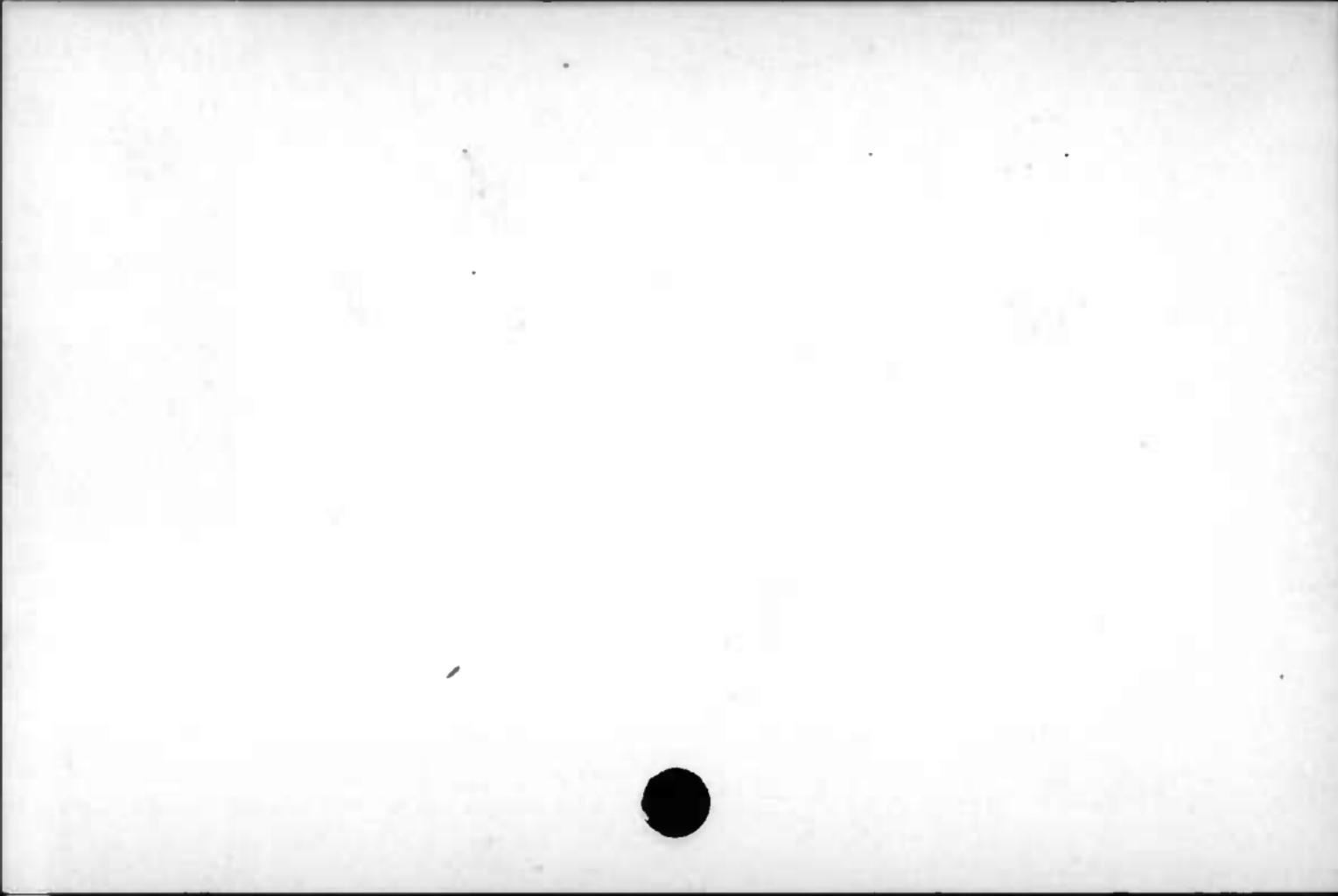
1

CAUSES OF DEATH

Primary	Typhoid fever	How long	2 weeks
Immediate	Asthma	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	A.H. Perri.
		Address	McKendree, Md.
Accident or Suicide?			

PHYSICIAN
OR CORONER





Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Sleg form - Clark Died at New Haven. Anne Brewell						CERTIFICATE OF DEATH	
Died at <i>New Haven</i> Town		Clark County		MARYLAND			
Date of death	1907	Month	July	Day	6	Years	Age
Sex	Male	Color or Race	white	Birth-place	New Haven		
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name	George Clark			(B)	Father's Birthplace	Anne Brewell, Q	
Mother's Maiden Name	Mary Ameyee				Mother's Birthplace		
Name of person giving information	George Clark.				How related to deceased	Fults	

CAUSES OF DEATH

Primary

Unknown.

(B)

How long

Immediate

Sleg form.

How long

Are the name, age, sex, color, date and place correctly given above?

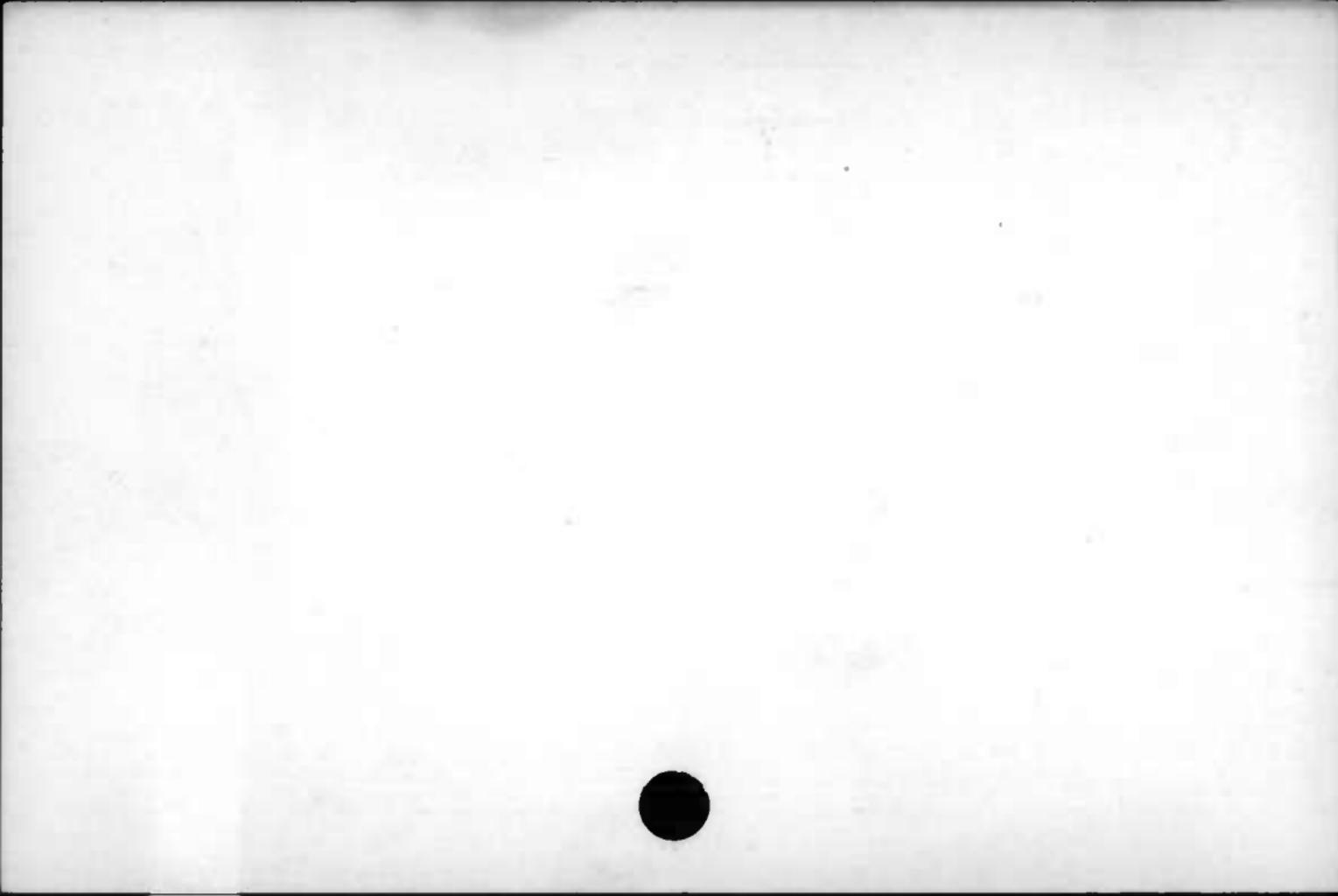
78

Signature of Physician

Address

Dr. Beatty
David, Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

County

Date

Month

Years

Months

Days

of death 1907

July

90

Age

Sex

Color or
Race

Years

Birth-
place

4 days

Male

Black

Anne Arundel Co.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

How related
to deceased

George Clark

Anne Arundel Co.
George Clark

Primary

CAUSES OF DEATH

Undetermined

79

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

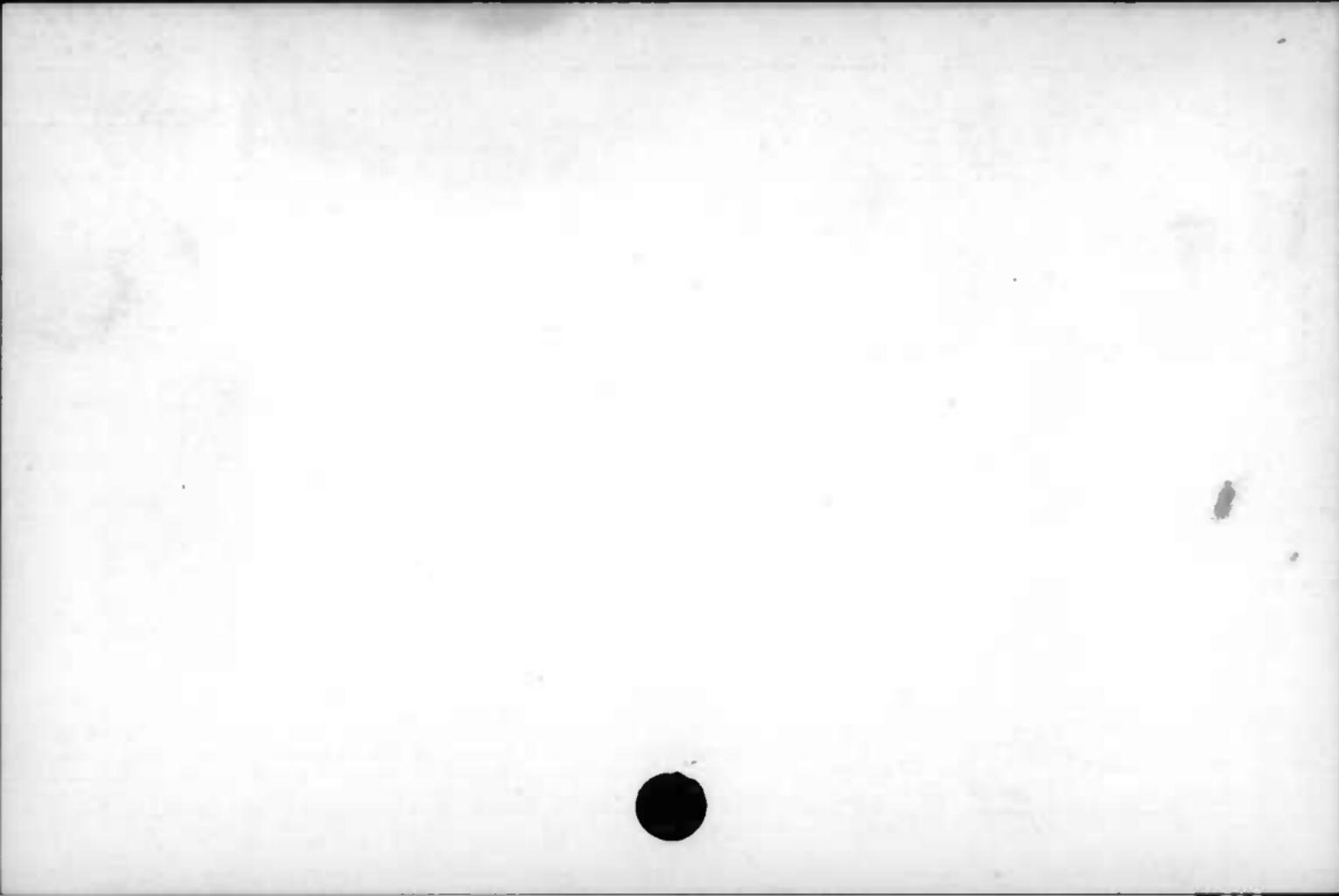
yes

Signature of
Physician

Address

C. J. Dr. Byrd
Anne Arundel Co.

Accident or Suicide?



Name
in
Full

Thomas Fenner Clark

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Died at	Annapolis		Anne Arundel			
Date of death	190	Month	Day	Years	Months	Days
Date of death	190	July	21	Age 31	1	
Sex	Male		Color or Race	White		
Occupation	Oyster Packer		Where Residing if not at place of death	Emergency Hospital		
Married, Single or Widowed	Married	Name of Wife or Husband	Edna Clark			
Father's Name	George W Clark		Father's Birthplace	Maryland		
Mother's Maiden Name	M Tydings		Mother's Birthplace	Maryland		
Name of person giving information	George W Clark		How related to deceased	Father		

CAUSES OF DEATH

(1)

How long

3 wks

How long

1 wk

PHYSICIAN
OR CORONER

Primary

Typhoid + Pneumonia

Immediate

Pneumonia

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. M. Murphy
Annapolis

Accident or Suicide?



Name
in
Full

Baby Dryter

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Annapolis</u>		Town	County <u>Anne Arundel</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>July</u>	Day <u>1st</u>	Age <u>Still-born</u>	Years	Months	Days
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Annapolis, Md</u>		<u>Annapolis, Md</u>		
Occupation <u>Infant</u>	Where Residing if not at place of death		<u>Annapolis, Md</u>			
Married, Single or Widowed <u>single</u>	Name of Wife or Husband					
Father's Name <u>J.B. Dryter</u>	Father's Birthplace <u>Annapolis, Md</u>					
Mother's Maiden Name <u>Elizabeth H. Heller</u>	Mother's Birthplace <u>St. Clair, Pa</u>					
Name of person giving information <u>J.B. Dryter</u>	How related to deceased <u>Father</u>					
CAUSES OF DEATH						
Primary <u>Still-born</u>			(S)		How long <u>—</u>	
Immediate <u>—</u>			(S)		How long <u>—</u>	

Immediate

Are the name, age, sex, color, date and place correctly given above?

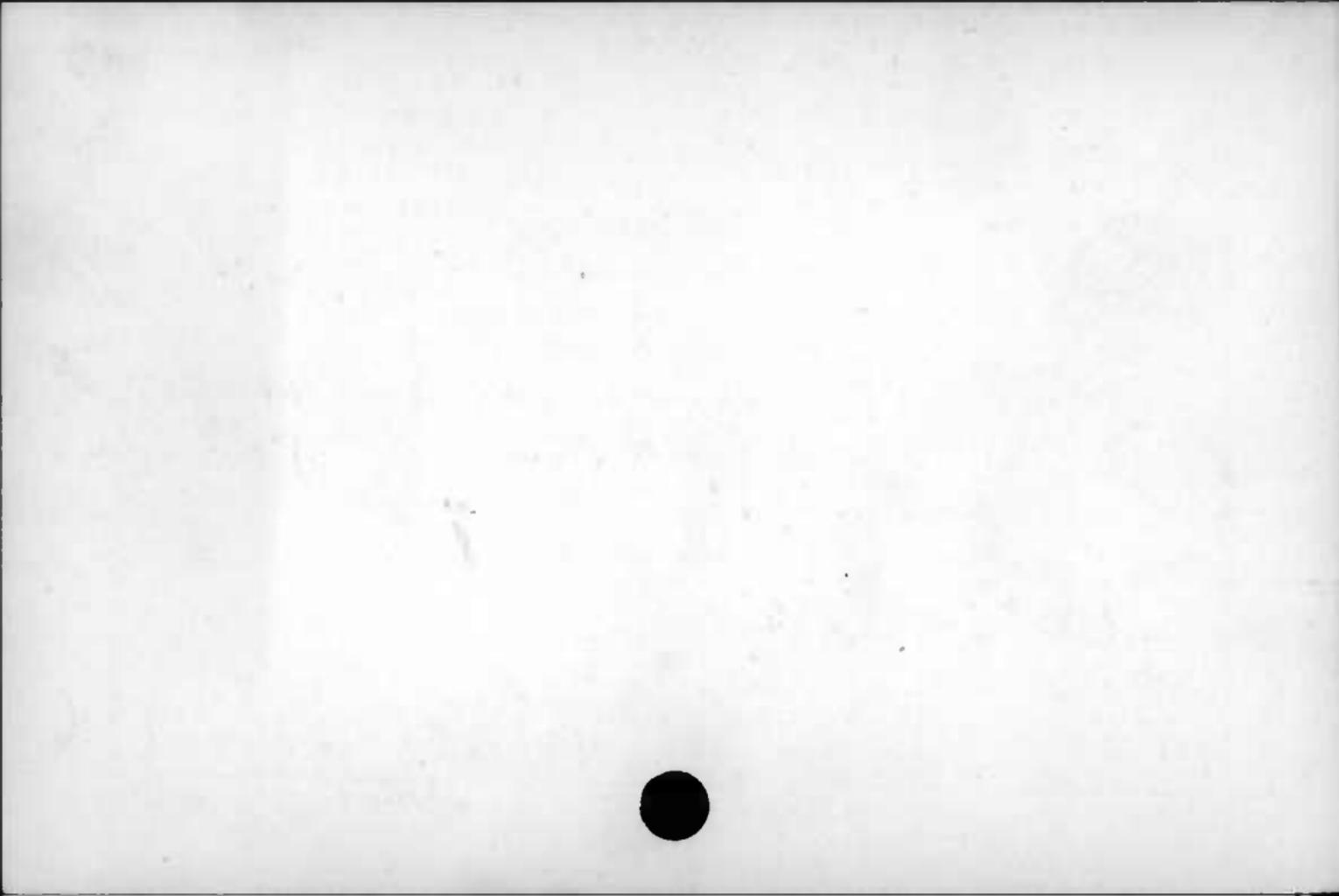
yes

Signature of Physician

Address

Louis B. Heller Jr
Annapolis, Md

Accident or Suicide? None



Name
in
Full

Heattie Galloway

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at East Port Town of Abo County
Date 1907 Month July Day 17th Age 2 Years

MARYLAND

of death 1907 Month July Day 17th Age 2 Years

Months Days

Sex Male Color or Race Colored Birth-place East Port

Occupation Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

How related
to deceased

Eugene Galloway
Mary Richardson
Father -

at Abo
at Abo

CAUSES OF DEATH

(106)

Primary

Gastro-Enteritis

How long

3 or 4 days

Immediate

Exhaustion

How long

Gradual

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

yes

Address

John Ridout, M.D.
Minneapolis
W.D.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

John T. Gross

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	At		County	
Date of death	1907	Month July	Day 20	Years 45	Months	Days
Sex	Male	Color or Race	Colored			
Occupation	Oysterman		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or	Serina Miller			
Father's Name	John Gross		Father's Birthplace Md			
Mother's Maiden Name	Harriett Coats		Mother's Birthplace Md			
Name of person giving Information	Henry Scott		How related to deceased Friend			

CAUSES OF DEATH

29

PHYSICIAN
OR CORONER

Primary

Peritoneal Tuberculosis

How long

5 months

Immediate

Expansion

How long

3 day

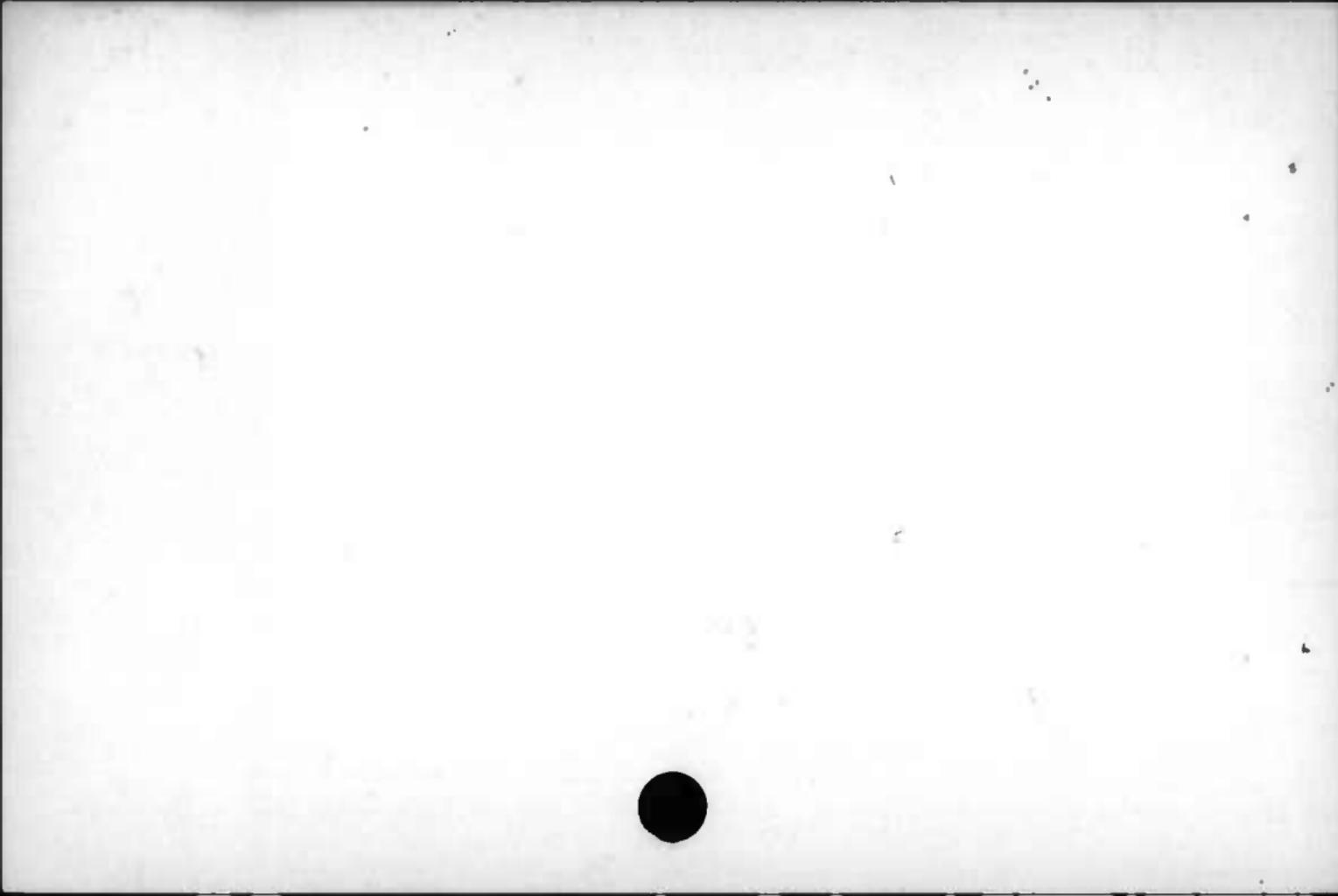
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

West Street
Pinechton

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Rachel A. Hall

Town

County

Died at Annapolis M

a.a. co

MARYLAND

Date of death

Month

Day

15

Years

5

Months

Days

1907

July Monday

Age

Sex

Female

Color or Race

Alored

Birth-place

Occupation

workwoman

Where Residing if not
at place of death

South Lin
66 Pleasant St

Married, Single
or Widowed

Single

Name of Wife or
Husband

unk known

Father's Name

Edgar A. Hall

Father's Birthplace

W. Jess

Mother's
Maiden Name

Rachel Taylor

Mother's Birthplace

South Lin

Name of person giving
Information

Porter Hall

How related
to deceased

Brother

CAUSES OF DEATH

30

Primary

Psoas Abscess
Exhaustion

long

Two months

Immediate

Gradual

Are the name, age, sex, color, date
and place correctly given above?

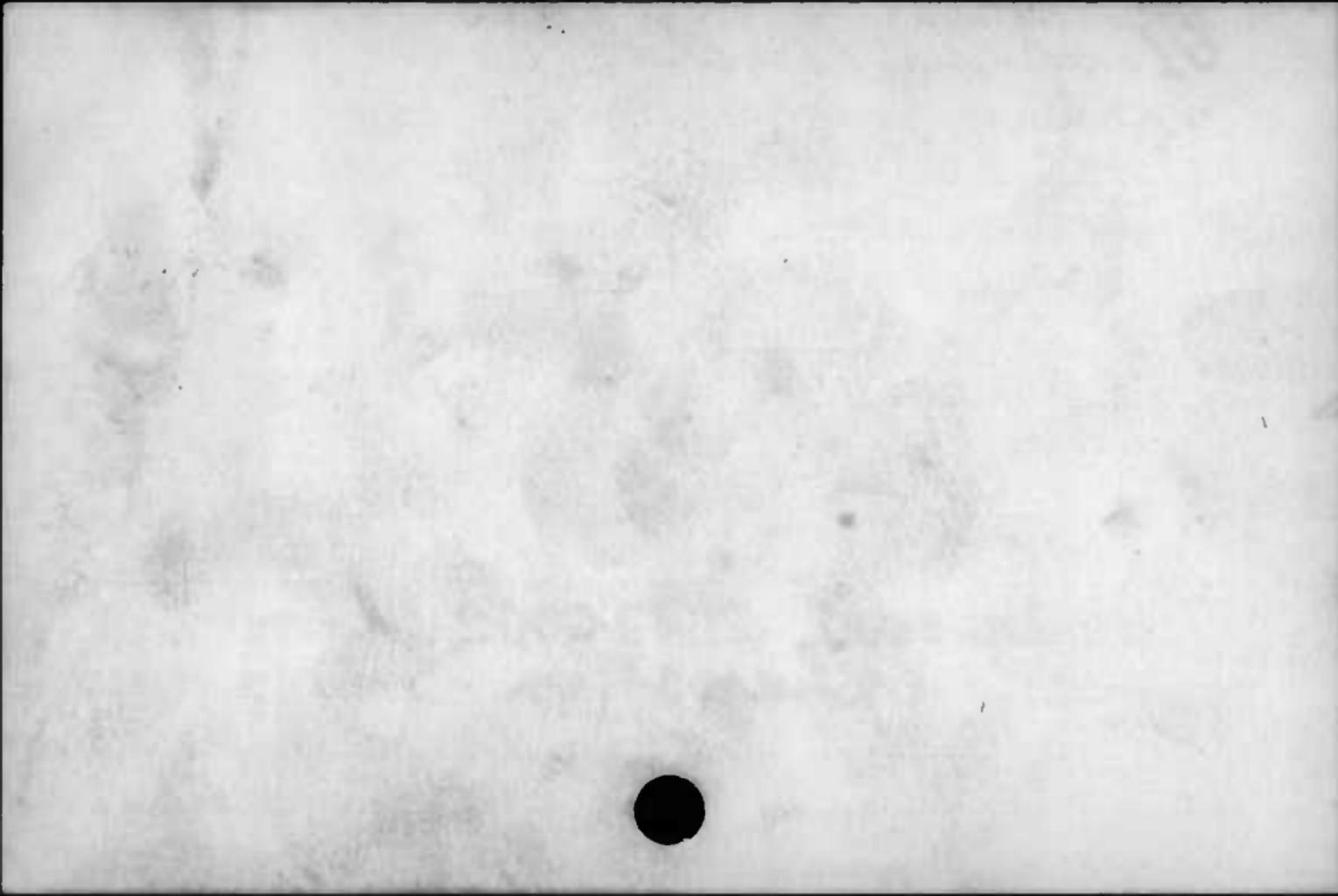
Signature of
Physician

Address

yes

John Ridout
Annapolis
Md

Accident or Suicide?



Name
in
Full

Daniel E. Hapking

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Eastport</u>		Town <u>a a la</u>		County <u>MARYLAND</u>	
Date of death <u>1907</u>	Month <u>July</u>	Day <u>20</u>	Age <u>80</u>	Years	Months <u>4</u> Days <u>20</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>East Port</u>			
Occupation <u>None</u>	Where Residing if not at place of death <u>East Port</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>None</u>				
Father's Name <u>E E Hapking</u>	Father's Birthplace <u>Amagansett</u>				
Mother's Maiden Name <u>Mary James S Hude</u>	Mother's Birthplace <u>Amagansett</u>				
Name of person giving information <u>E E Hapking</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

Primary Div Colitis 105 How long two weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

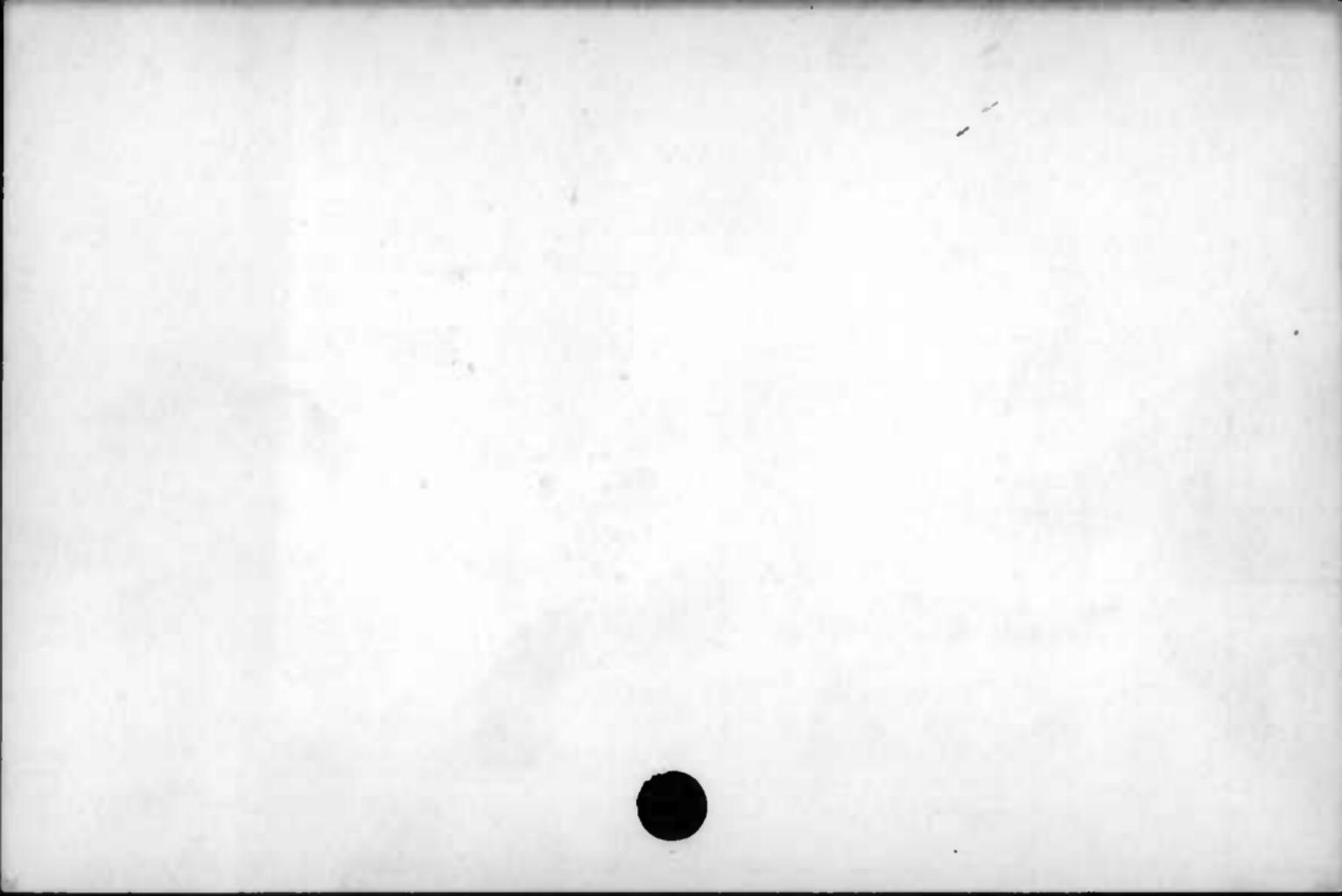
Yes

Signature of Physician

Address

J. Oliver Purvis
Amagansett N.Y.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1907	Month 7	Day 81	Years 5-3	Months	Days
Sex	Male	Color or Race	White	Birth-place Ad. Co. Md		
Occupation	Farmer		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Susan Hardy			
Father's Name	Elwin Hardy			Father's Birthplace	Md.	
Mother's Maiden Name	Georgiana Jones			Mother's Birthplace	Md	
Name of person giving information	John Hardy			How related to deceased	Brother	
CAUSES OF DEATH						
Primary	Interstitial nephritis			How long	One year	
Immediate	Eraenia Conran			How long	48 hours	

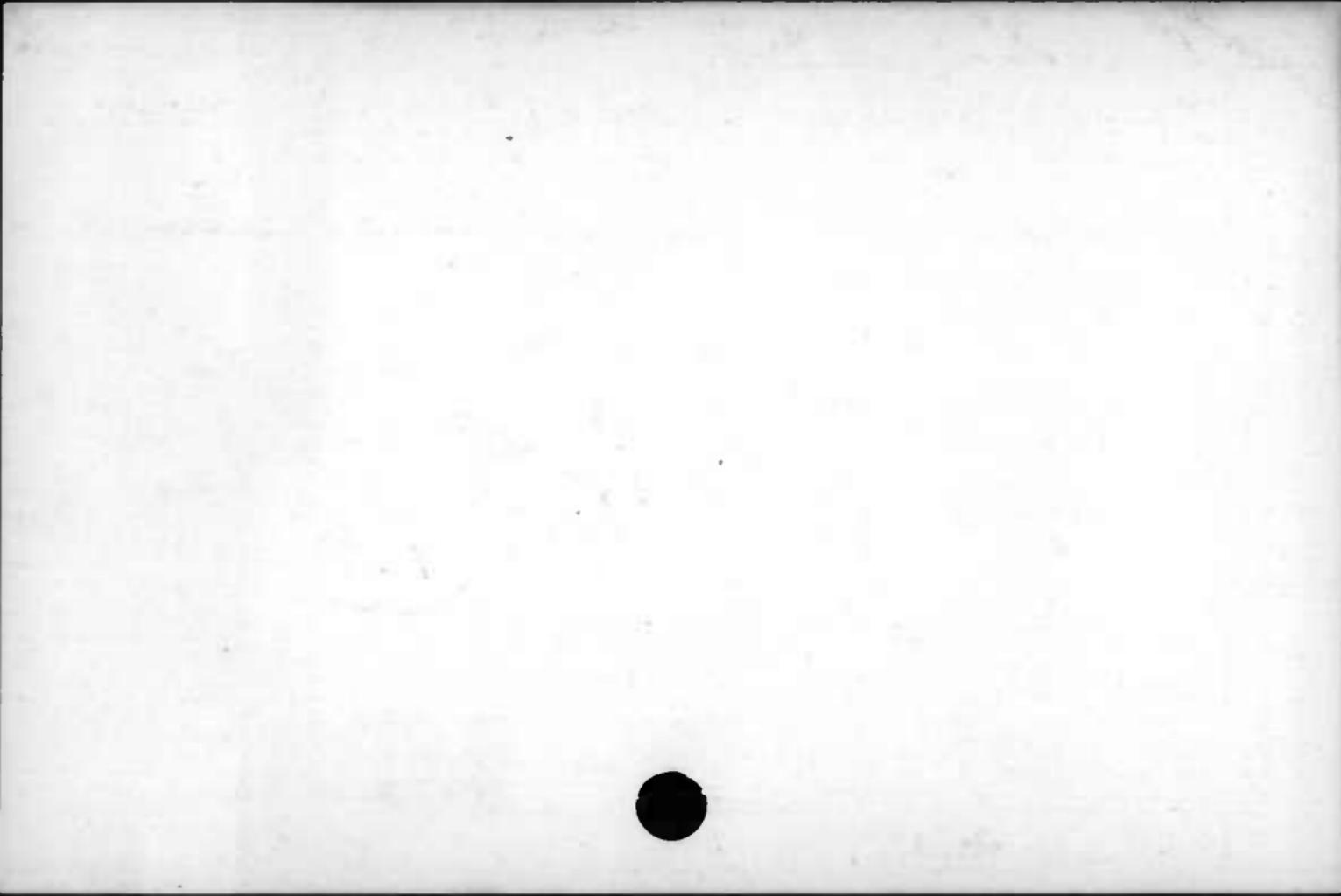
PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Rachael Ann Harmon

CERTIFICATE OF DEATH

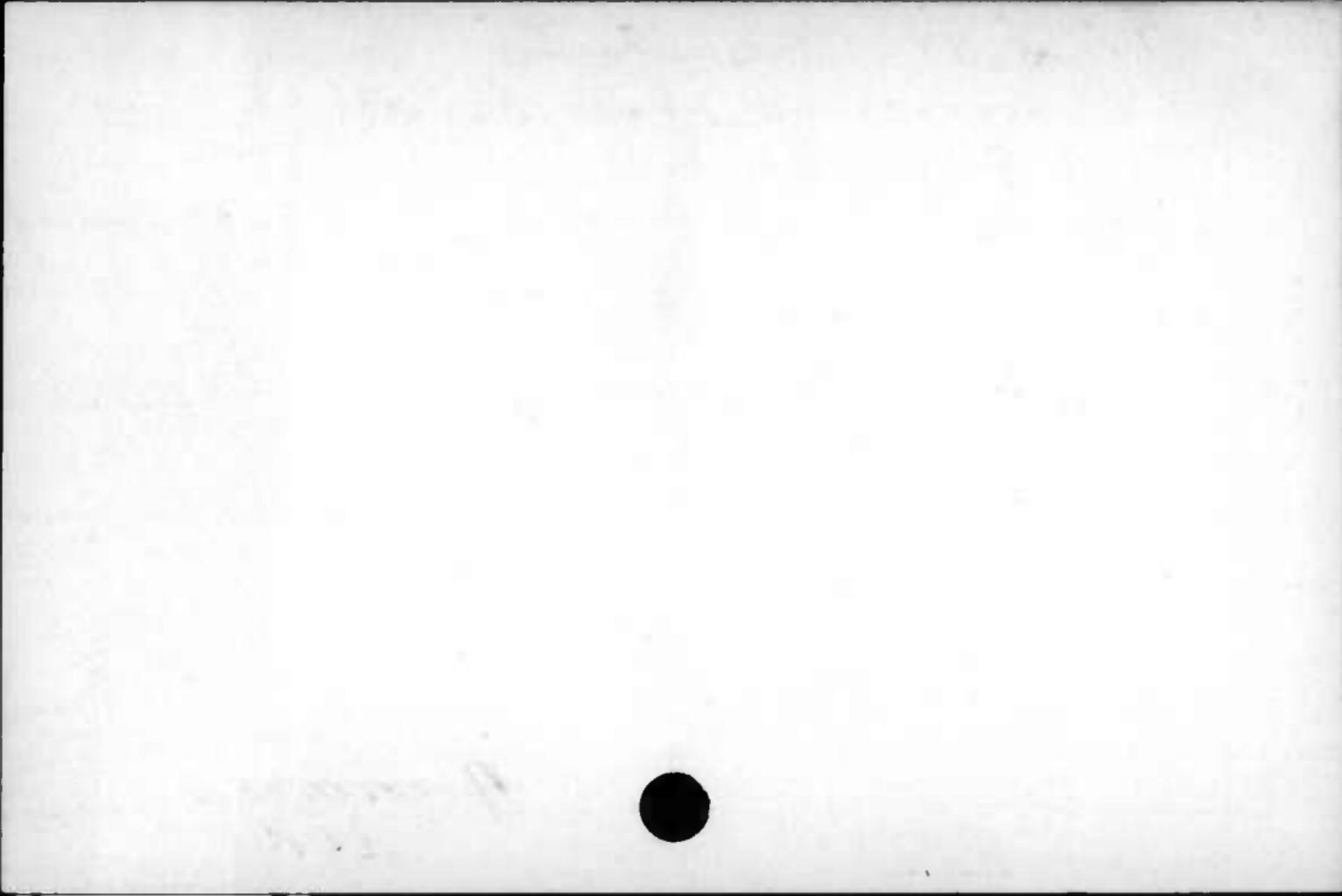
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	Anne Arundel		County		MARYLAND	
Date of death	1907	Month July	Day 7	Years 71	Age	Months	Days	
Sex	Female	Color or Race	White		Birth-place	Annapolis, Md		
Occupation	Farmer		Where Residing if not at place of death			Colona Harmon		
Married, Single or Widowed	Single		Name of Wife or Husband		John Boyer			
Father's Name	John Boyer		Name of Wife or Husband		At Cal Md			
Mother's Maiden Name	Julia Ann Whittle		Name of Wife or Husband		At Co Ma			
Name of person giving information	Mrs Waller Phelps		Name of Wife or Husband		tree			

CAUSES OF DEATH

106

Primary	Bedevils diarrhea		How long	4 days
	Fall from window and bruised		How long	3 days
Immediate	Fall from window and bruised		Signature of Physician	C P Winkler M.D.
Are the name, age, sex, color, date and place correctly given above?		Address	Roxbury	
OR CORONER				
Accident				



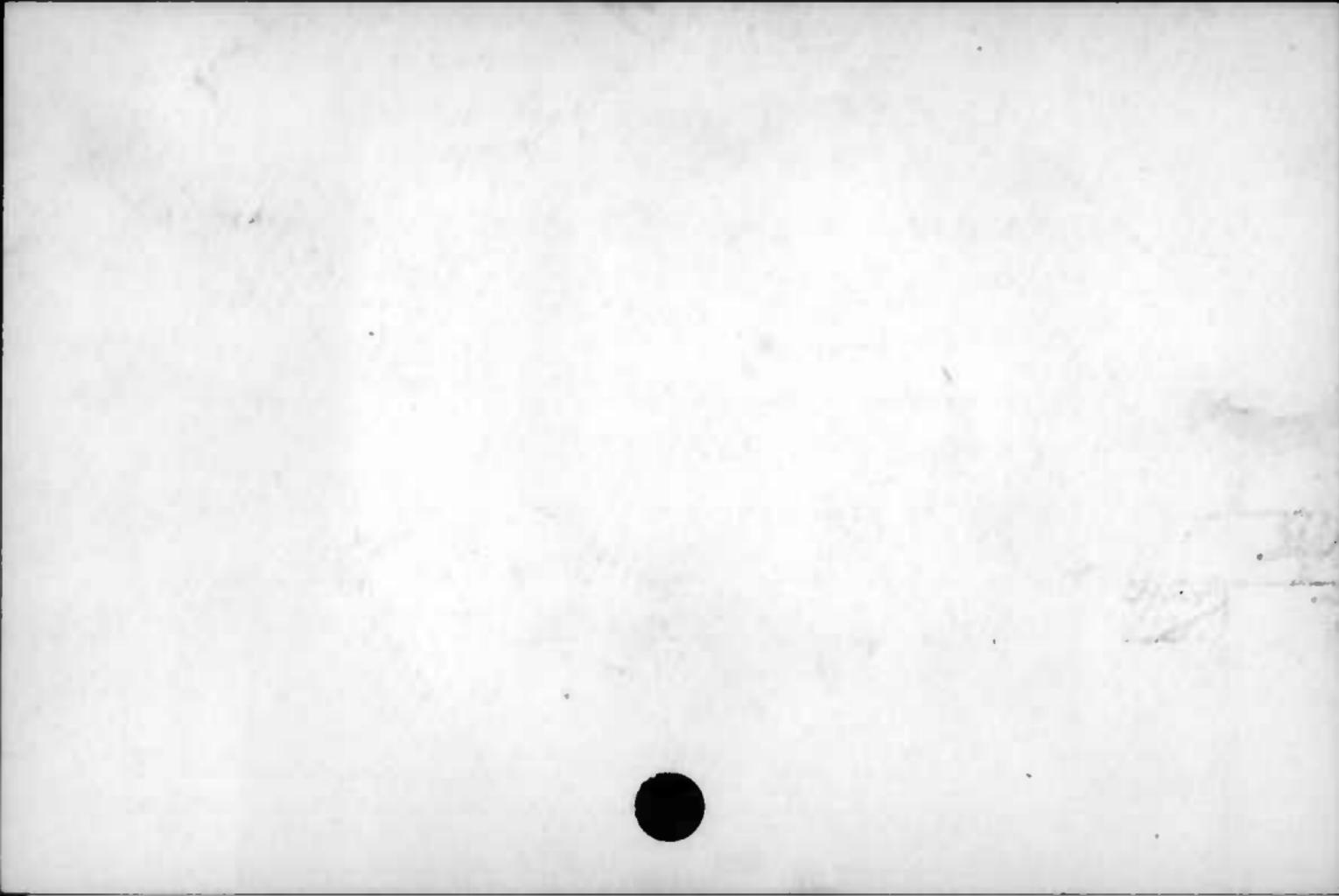
Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

7-23

PHYSICIAN
OR CORONER

William Johnson				CERTIFICATE OF DEATH			
Died at		Town	County	Accomplish		Accomplish	
Date of death	1907	Month July	Day 23	Years 10	Age	Months	Days
Sex	Male	Color or Race	Colored	Birth place		Baltimore	
Occupation	Tugboat Driver		Where Residing if not at place of death	Accomplish		Accomplish	
Married, Single or Widowed	Single	Name of Wife or Husband	Richard Johnson		Baltimore		
Father's Name	Richard Johnson		Mother's Name		Mother's Birthplace		
Mother's Maiden Name	Dollie Johnson		Dollie Johnson		Mother's Birthplace		"
Name of person giving information	This E. Jones		How related to deceased		friend		
CAUSES OF DEATH							
Primary	accident Drowning		173		How long		
Immediate					How long		
Are the name, age, sex, color, date and place correctly given above?			Signature of	John N. Dow			
			Address	Coroner Accomplish			
Accident or Suicide?			MD				



Wladislaus Kotus

Town

County

Died at

Hanover ad co

MARYLAND

Date of

1907

Month

Day

Y. M. D.

2.11 -

Age

Male

Native of

Balto.

Occupation

White

Widow

Divorced

Father

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Joseph Kotus

Mother's

Josephine Debel

new long sick

Cause of

Primary

Scarlet fever 3 days to my

Death

Immediate

Heart failure knowledge

Accident, Suicide, Homicide

Reported by

Thos. P. Benson MD

Address

Hanover

Brd.

2 transcripts July 6th 1987

Name
in
Full

Joseph A. Lee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	South River	Town	County	MARYLAND		
Date of death	1907	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White	Age	63	
Occupation	Farmer	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Rebecca Purdy			
Father's Name	Joseph Lee	Father's Birthplace Maryland				
Mother's Maiden Name	Elizabeth Harrison	Mother's Birthplace A.A. Co. Md				
Name of person giving information	Rebecca Lee	How related to deceased wife				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pulmonary Phthisis (27) How long
1 year
Immediate Exhaustion How long

Are the name, age, sex, color, date and place correctly given above?

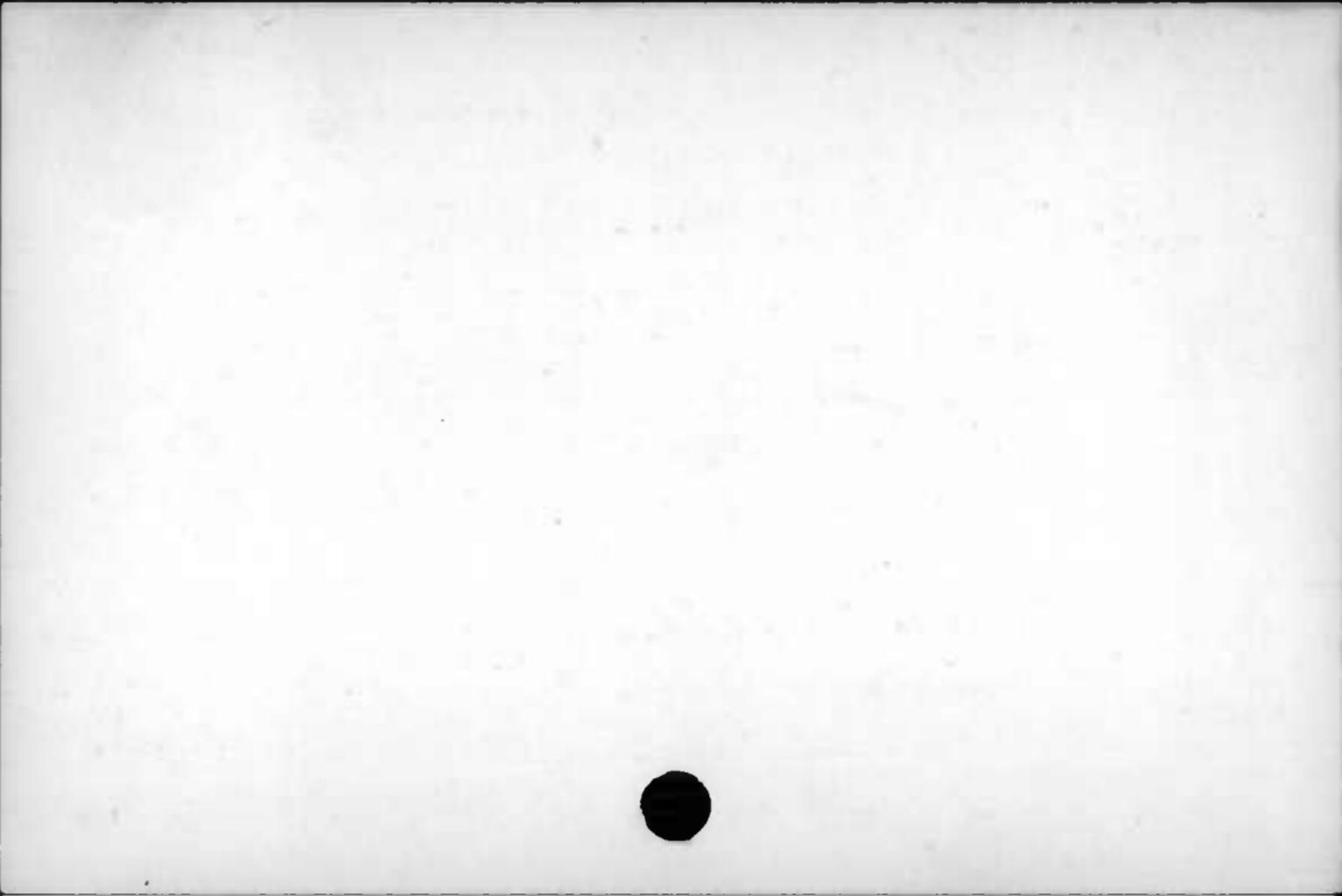
Signature of Physician

John Collinson
South River

Address

Accident or Suicide?

Not



Name
in
Full

Ida May Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at <u>Armiger P. O</u>		County <u>3rd dist. Anne Arundel</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>July</u>	Day <u>12</u>	Years	Months <u>3</u>	Days <u>12</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>A. A. Co.</u>			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>John Lewis</u>	Father's Birthplace <u>Ohio</u>				
Mother's Maiden Name <u>Ethel Mausin</u>	Mother's Birthplace <u>Virginia</u>				
Name of person giving information <u>John Lewis</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

Primary

Cholera Infantum105

How long

One week

Immediate

Spasms

How long

Immediately

Are the name, age, sex, color, date and place correctly given above?

Yes

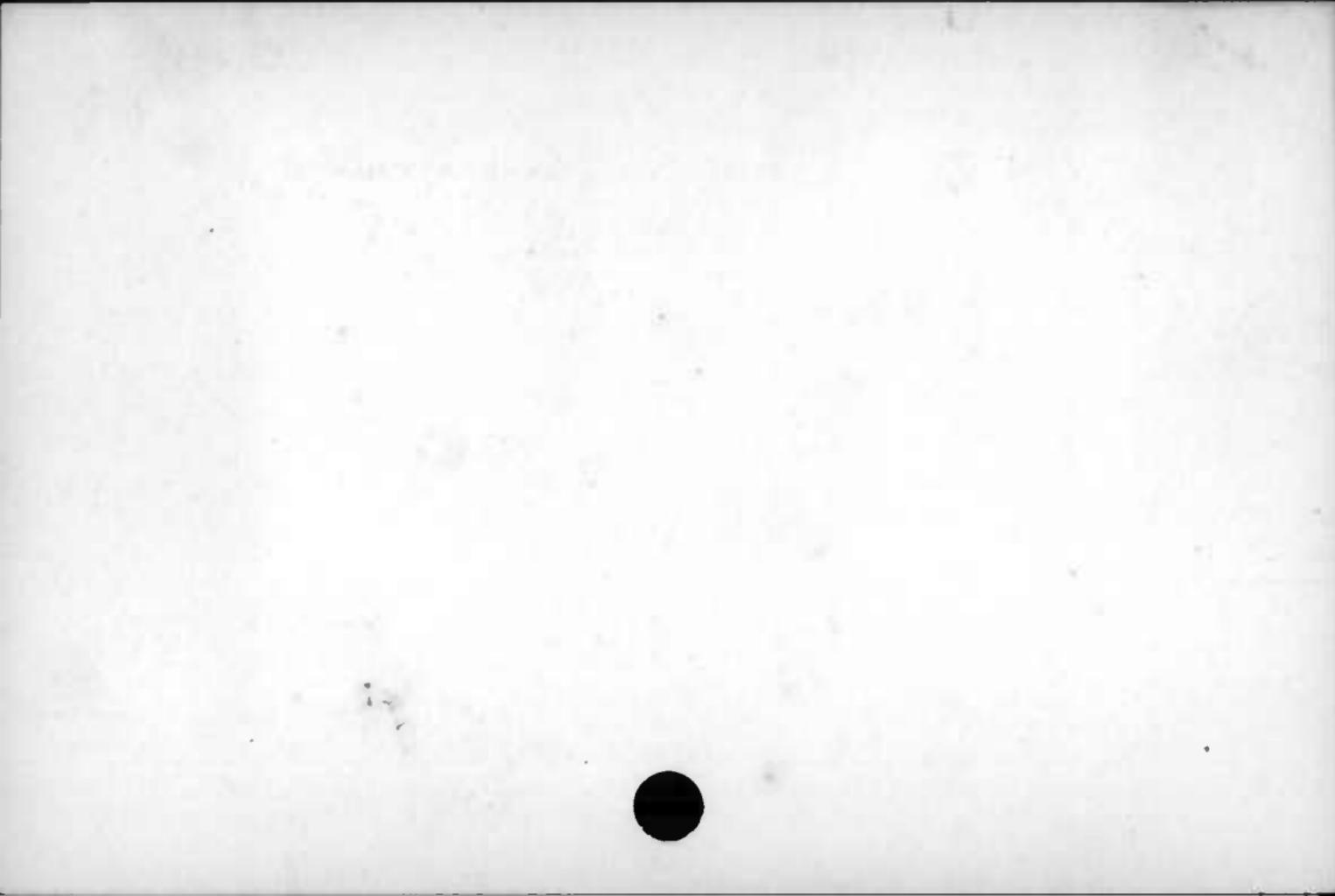
Signature of Physician

Address

James S Billingsley MD
Armiger
Ma

Accident or Suicide?

No



Name
in
Full

Boare E Long

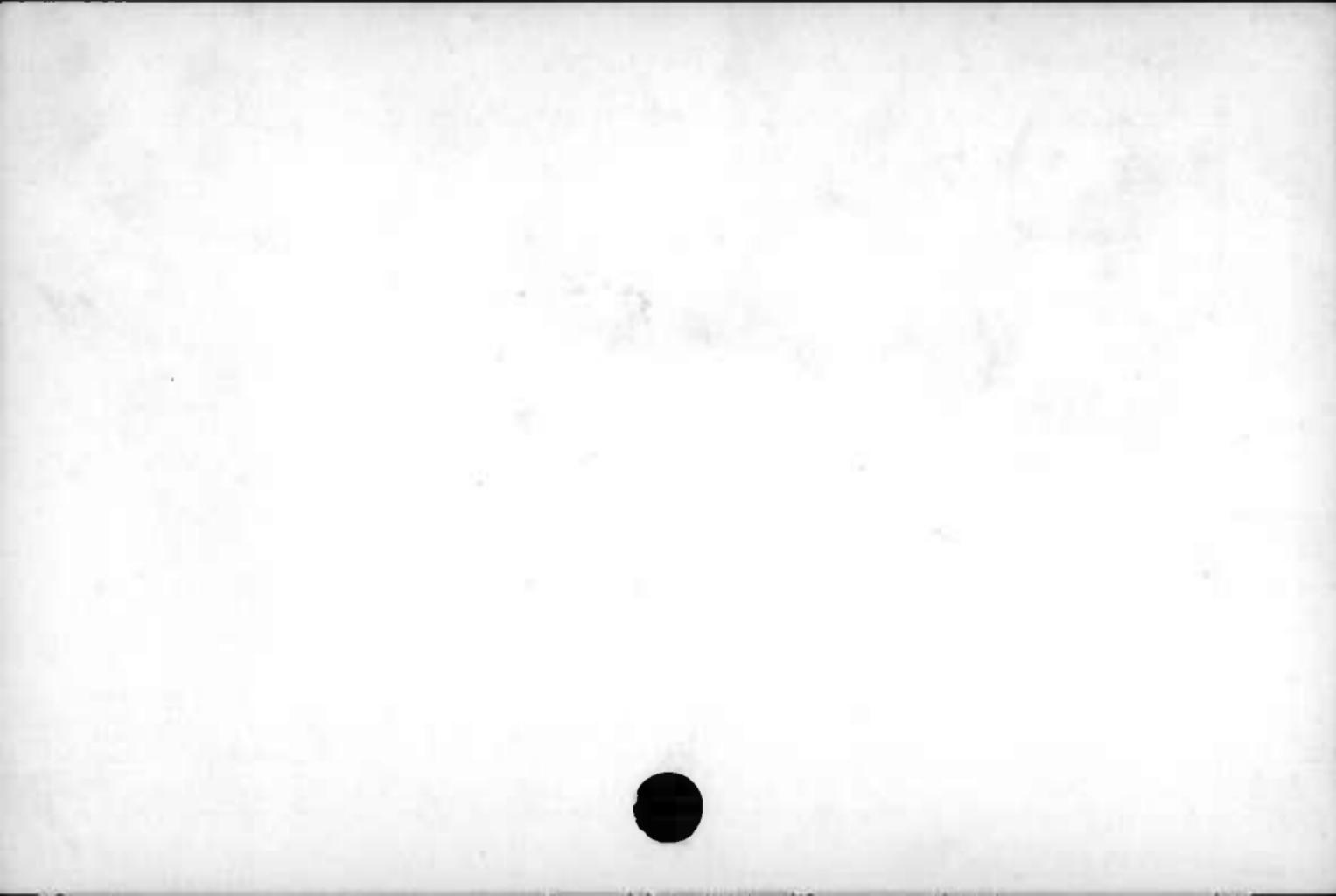
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Dorsey</u>		Town	County <u>Anne Arundel</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>7</u>	Day <u>13</u>	Years <u>X</u>	Months <u>00</u>	Days <u>5</u>	
Sex <u>Female</u>	Color or Race <u>Colorad</u>	Where Residing if not at place of death		<u>Ma</u>		
Occupation <u> </u>						
Married, Single or Widowed <u> </u>	Name of Wife or Husband					
Father's Name <u>Alfred Long</u>			Father's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Lizzie Butler</u>			Mother's Birthplace <u>Ma</u>			
Name of person giving Information <u>Alfred Long</u>			How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Conusens</u>	71	How long <u>1 day</u>
	Immediate <u> </u>		How long <u> </u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Harrison Long</i>	
yes		Address <i>Elk Ridge</i>	
Accident or Suicide?			



Name
in
Full

Theodore Miles

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		CERTIFICATE OF DEATH		
Date of death		Month	Day	Years	Months	Days	MARYLAND
1907		July.	8.	—	5.	—	
Sex	Male.	Color or Race	Amherst		Annapolis		
Occupation			Where Residing if not at place of death	Q2 Present St.			
Married, Single or Widowed	Single	Name of Wife or Husband	Mary Hall		Unknown		
Father's Name	John Miles		Father's Birthplace	Lothian, a.a., Co.			
Mother's Maiden Name	Mary Hall		Mother's Birthplace	Mother			
Name of person giving information	Mary Hall.		How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Marasmus

1st

How long

Months

Immediate

Exhaustion

How long

Gradual

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

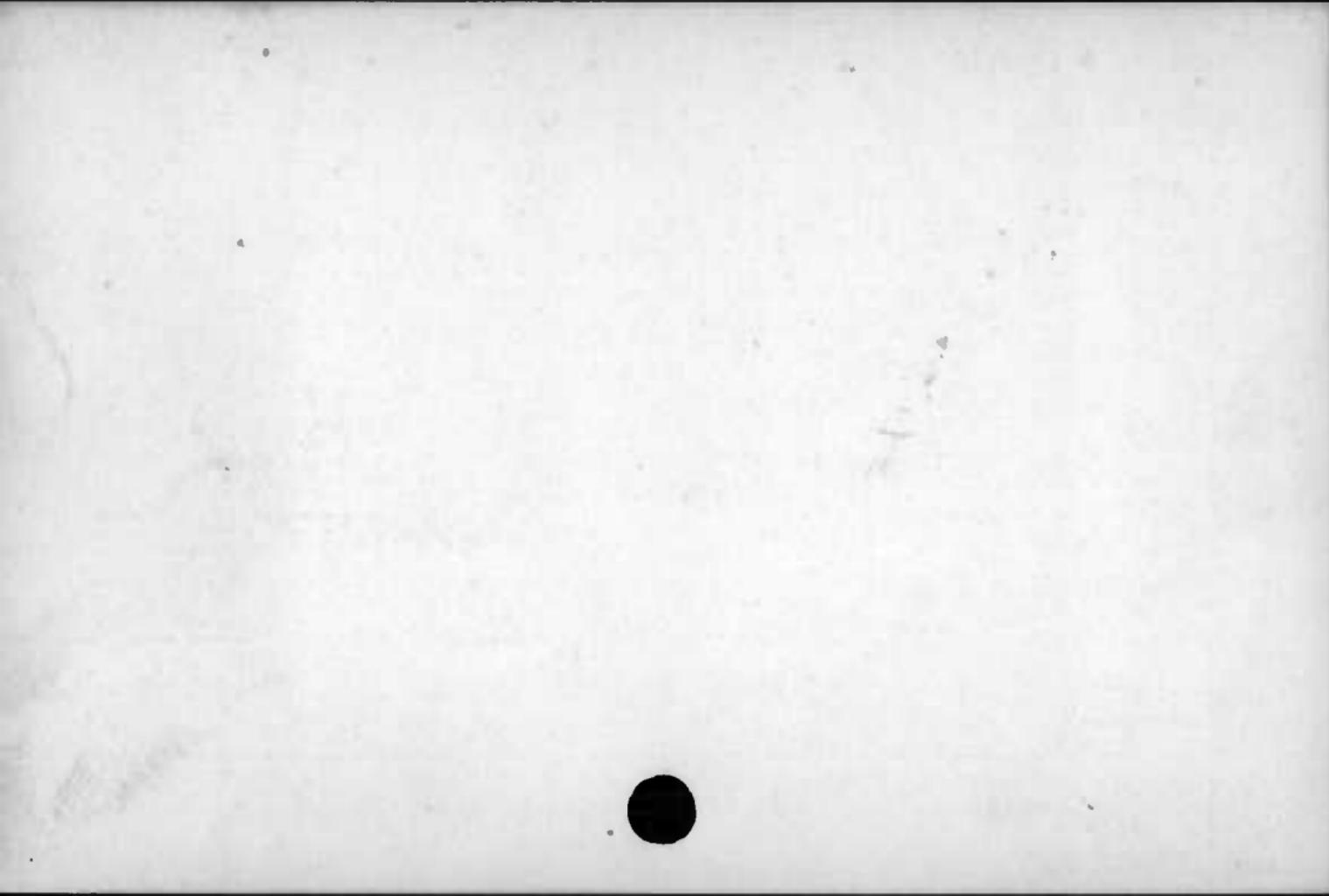
Yes

Address

John Ridout, M.D.

Annapolis
Md.

Accident or Suicide?



Name
in
Full

Bessie Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death 190	Month	Day	Age	Years	Months	Days
Sex	Color or Race	Colored	Where Residing if not at place of death	Annapolis 83 N. West St.		
Occupation	Domestic		Name of Wife or Husband	George Miller		
Married, Single Widowed	Spained		Father's Name Annapolis			
Father's Name	John S. Richardson		Mother's Birthplace Annapolis			
Mother's Maiden Name	Mayme Jackson		How related to deceased			
Name of person giving information	George Miller		Husband			

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

6 Months

Immediate

Hemorrhage (Pulmonary)

12 hours

Are the name, age, sex, color, date and place correctly given above?

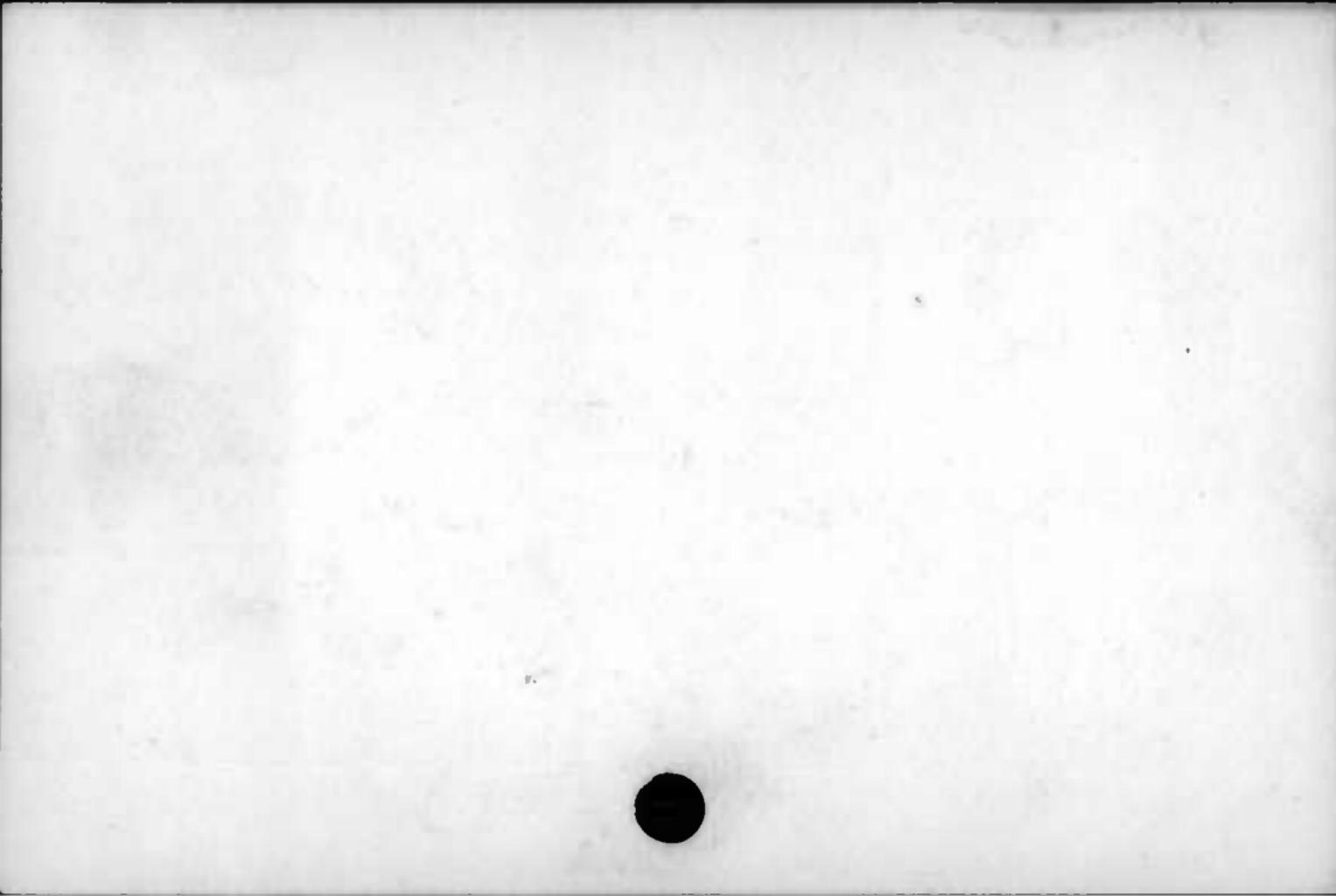
Yes

Signature of Physician

Address

R. P. Keele
Cathedral St
Annapolis, Md.

Accident or Suicide?



Name
in
Full

John T Mitchell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

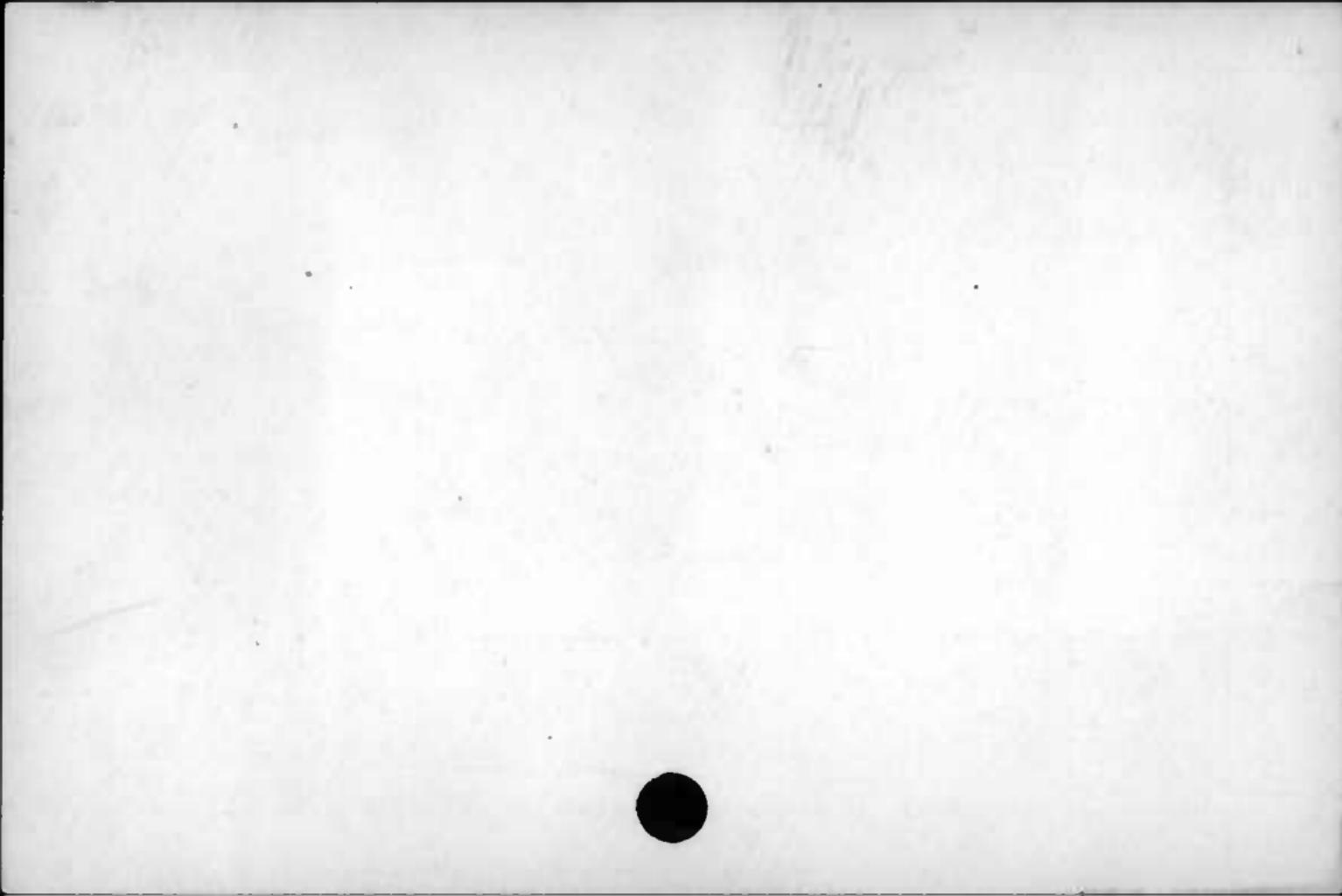
Died at <u>Eastport</u>		Town <u>Eastport</u>		County <u>Calvert</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>July</u>	Day <u>12</u>	Age <u>1</u>	Years <u>1</u>	Months <u>4</u>	Days <u>1</u>	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Eastport</u>					
Occupation <u>Hope</u>	Where Residing if not at place of death <u>Eastport</u>						
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>None</u>						
Father's Name <u>Walter E. Mitchell</u>	Father's Birthplace <u>Annapolis</u>						
Mother's Maiden Name <u>Susie E. Funkley</u>	Mother's Birthplace <u>Annapolis</u>						
Name of person giving information <u>Walter E. Mitchell</u>	How related to deceased <u>Father</u>						

CAUSES OF DEATH

(92)

PHYSICIAN
OR CORONER

Primary <u>Broncho-Pneumonia</u>	How long <u>one week</u>
Immediate <u>Exhaustion</u>	How long <u>one day</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Louis B. Henree Jr.</u>
	Address <u>Annapolis, Md.</u>
7 yrs	
neither	
Accident or Suicide?	



Name
in
Full

William A. Mitchell

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1907	Month July	Day 4	Years 76	Months 5	Days	
Sex	Dead Male	Color or Race	Age	76	Birth-place	Maryland	
Occupation	Watman		Where Residing if not at place of death		18 Randle St		
Married, Single or Widowed	Married	Name of Wife or Husband	Annah Rebecca Mitchell				
Father's Name	Esperie Mitchell				Father's Birthplace	Maryland	
Mother's Maiden Name	Jennie Duryland				Mother's Birthplace	Maryland	
Name of person giving information	Annah R Mitchell				How related to deceased	Wife	

CAUSES OF DEATH

Primary

Chronic Nephritis

(120)

How long

40+ years

Immediate

Wormia

How long

4 days

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

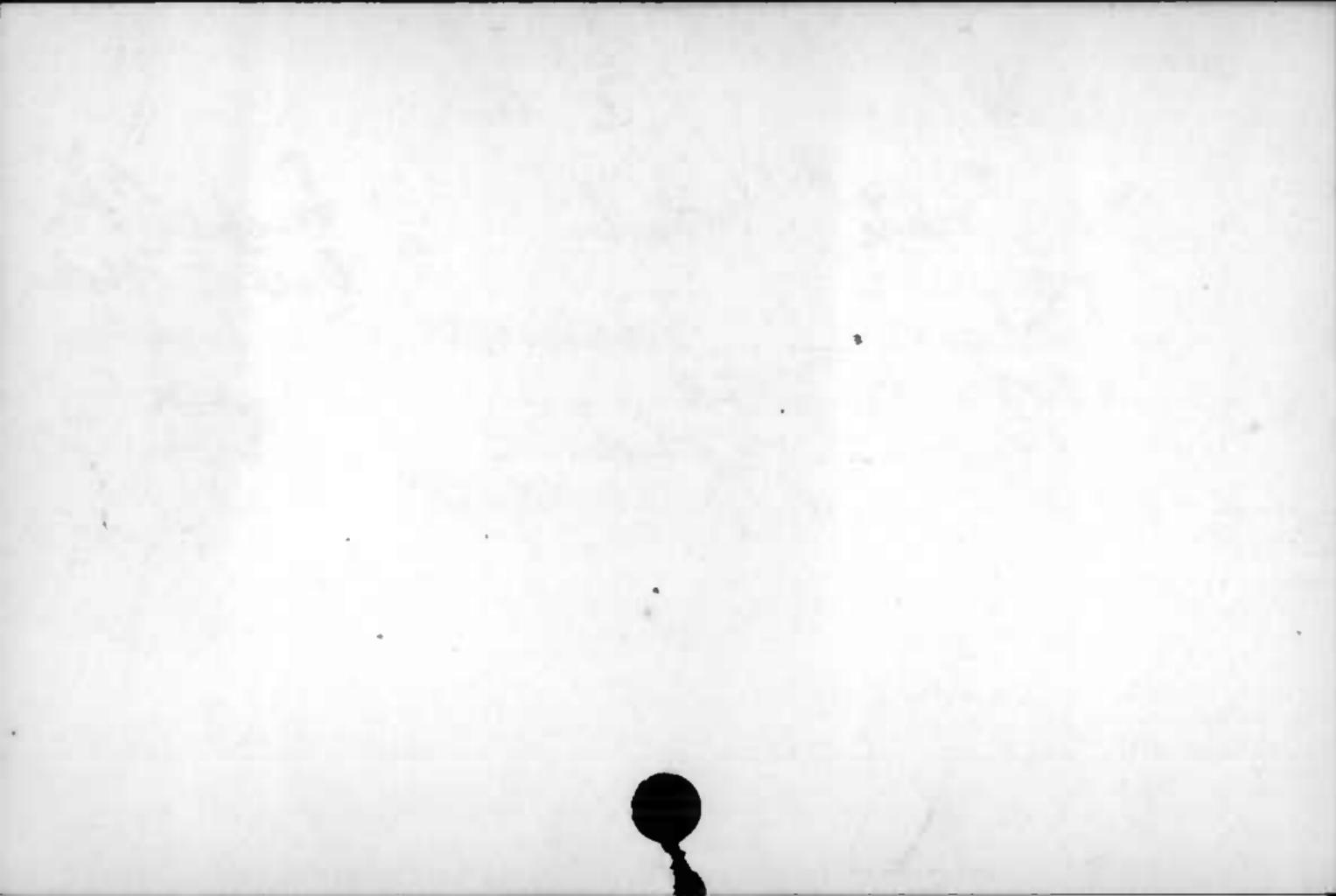
Signature of Physician

Address

J. Oliver Parvin
Annapolis, Md.

Accident or Suicide?

Yes



Name
in
Full

To BE ANSWERED BY
- NEAREST FRIEND

PHYSICIAN
OR CORONER



James Edward Moss

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County			
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Where Residing if not at place of death	Birth-place		
Occupation					
Married, Single, or Widowed	Name of Wife or Husband				
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving Information		How related to deceased			

1907 July 28 74 8 29
male white A. A. Co. Md.
farmer Adaline S. Melfoy
widow Ruth C. Warden
Mary Coleman

CAUSES OF DEATH

Primary

reneatitis

74

How long

2 years

Immediate

coma

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. D. Kidwell M.D.
Annapolis Md.
L. F. B. No 1

Accident or Suicide?



Name
in
Full

Mary Ann Haughton

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1907	Month July	Day 7th	Years 78	Months 2	Days
Sex Female	Color or Race White	Birth-place Dublin, Ireland			
Occupation none	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband Michael Haughton				
Father's Name John Henry	Father's Birthplace Ireland				
Mother's Maiden Name Ann Kelly	Mother's Birthplace Ireland				
Name of person giving information Mary Haughton	How related to deceased Daughter				

CAUSES OF DEATH

79

Primary Voluntary Death
How long 79 years

Immediate Cardiac Failure
How long Immediate

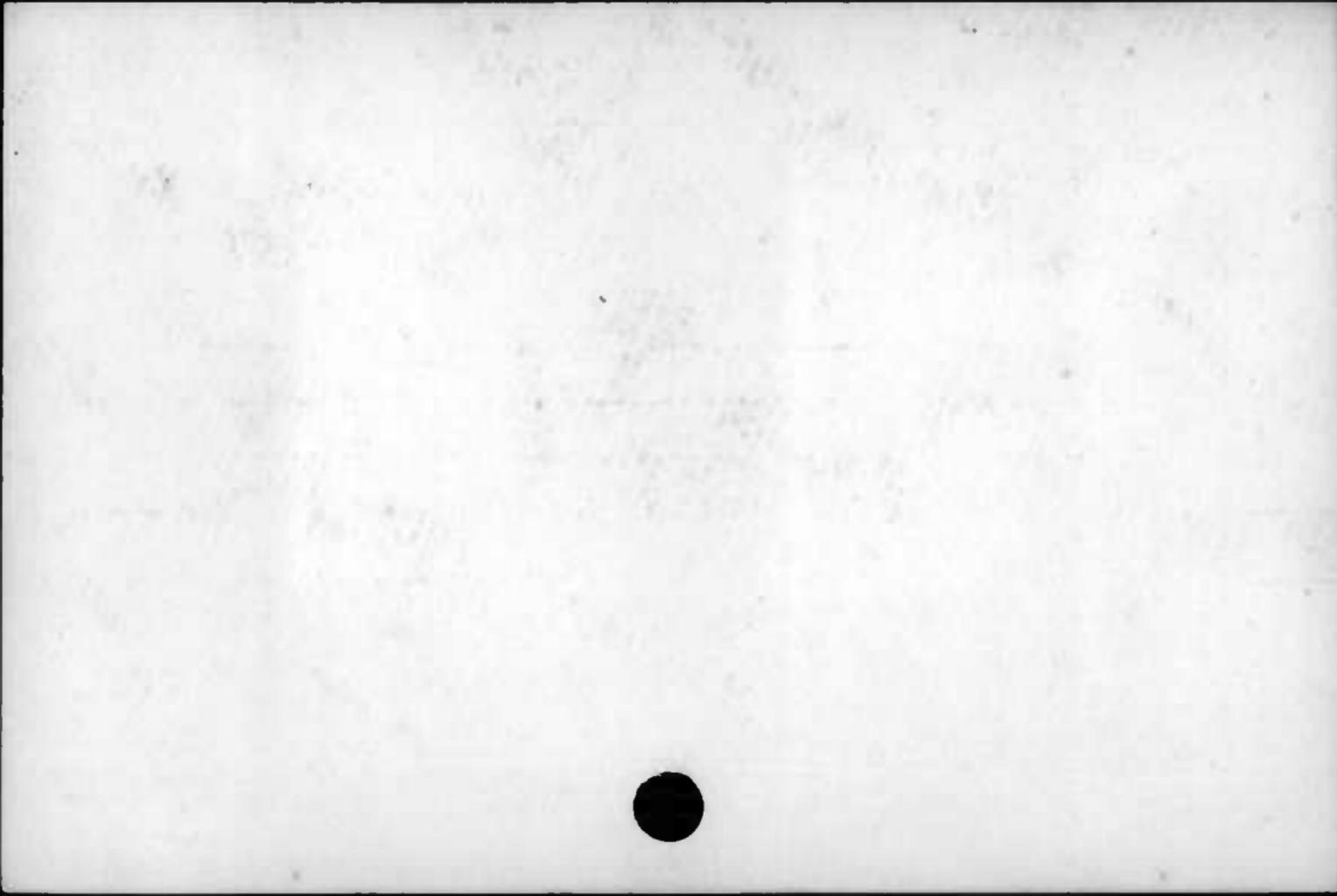
Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Wm. H. Lidowich
Address Annapolis

Accident or Suicide?



Name
in
Full

Albin Bergnen Nelson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age	22	22
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Years	Name of Wife or Husband	22 Jan		
Father's Name	Bengt. Nelson				
Mother's Maiden Name	Anna S. Olsen				
Name of person giving information	Edwin Nelson				
Father's Birthplace	Sweden				
Mother's Birthplace	Sweden				
How related to deceased	Brother				

CAUSES OF DEATH

1

PHYSICIAN
OR CORONER

Primary

Typhus
Influenza

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Newford Co

1000

Name
in
Full

Franklin A. Noble

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month July	Day 30	Years 62	Months	Days
Sex	male.	Color or Race	white.	Birth-place	Md.	
Occupation	Book Keeper.		Where Residing if not at place of death	Round Bay		
Married, Single or Widowed	Married		Name of Wife or Husband	Anna R		
Father's Name	Jas. Noble -		Father's Birthplace	Caroline Co. Md.		
Mother's Maiden Name	Mary Howard -		Mother's Birthplace			
Name of person giving information	T. B. Athey.		How related to deceased	Nephew		

CAUSES OF DEATH

64

How long

How long

4 years.

PHYSICIAN
OR CORONER

Primary

Cerebral Apoplexy.

Immediate

Diabetes mellitus

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

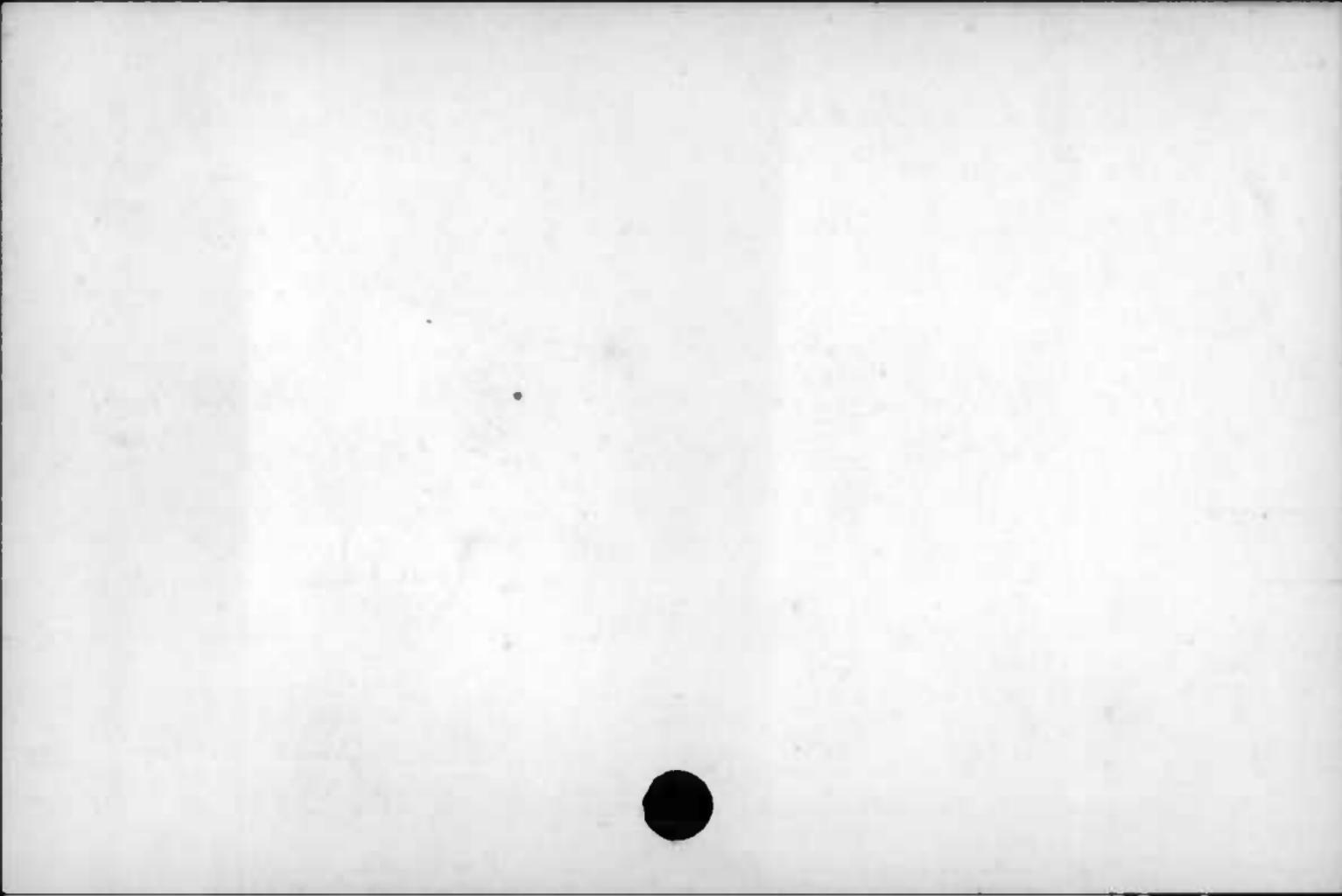
L. E. Townsend

Address

609 W. Franklin St.
Balto. Md.

Accident or Suicide?

No.



Name
in
Full

Viola Howell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

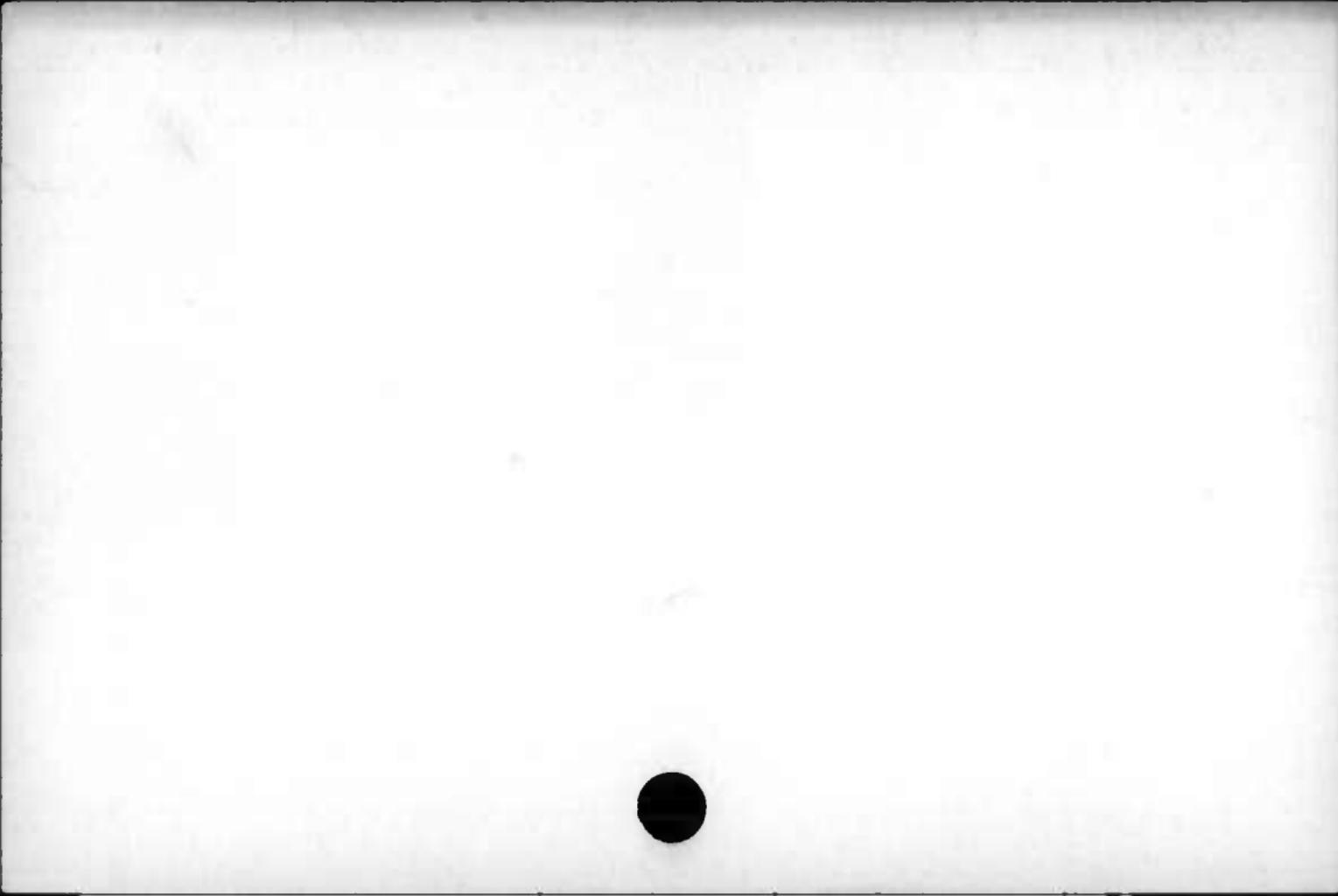
Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Wm. G. Howell	Father's Birthplace		
Mother's Maiden Name	Annie E. Hartje	Mother's Birthplace		
Name of person giving information	Viola Howell	How related to deceased		

105

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gastric enteric colitis		How long	1 week
Immediate	Emaciation		How long	10 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Yes T. tent	
		Address	Chincilon	
Accident or Suicide?				



Name
in
Full

William Olszewski

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County	MARYLAND	
Died at	East Brooklyn		aa	MARYLAND	
Date of death	Month	Day	Years	Months	Days
1907	July	28	Age	5	
Sex	Male	Color or Race	White	Birth-place	Md
Occupation			Where Residing if not at place of death	E Brooklyn	
Married, Single or Widowed	Infant	Name of Wife or Husband			
Father's Name	John Olszewski		Father's Birthplace	Poland	
Mother's Maiden Name	Stanislaw Purulewicz		Mother's Birthplace	Poland	
Name of person giving Information	John Olszewski		How related to deceased	Father	

CAUSES OF DEATH

105

How long

PHYSICIAN
OR CORONER

Primary

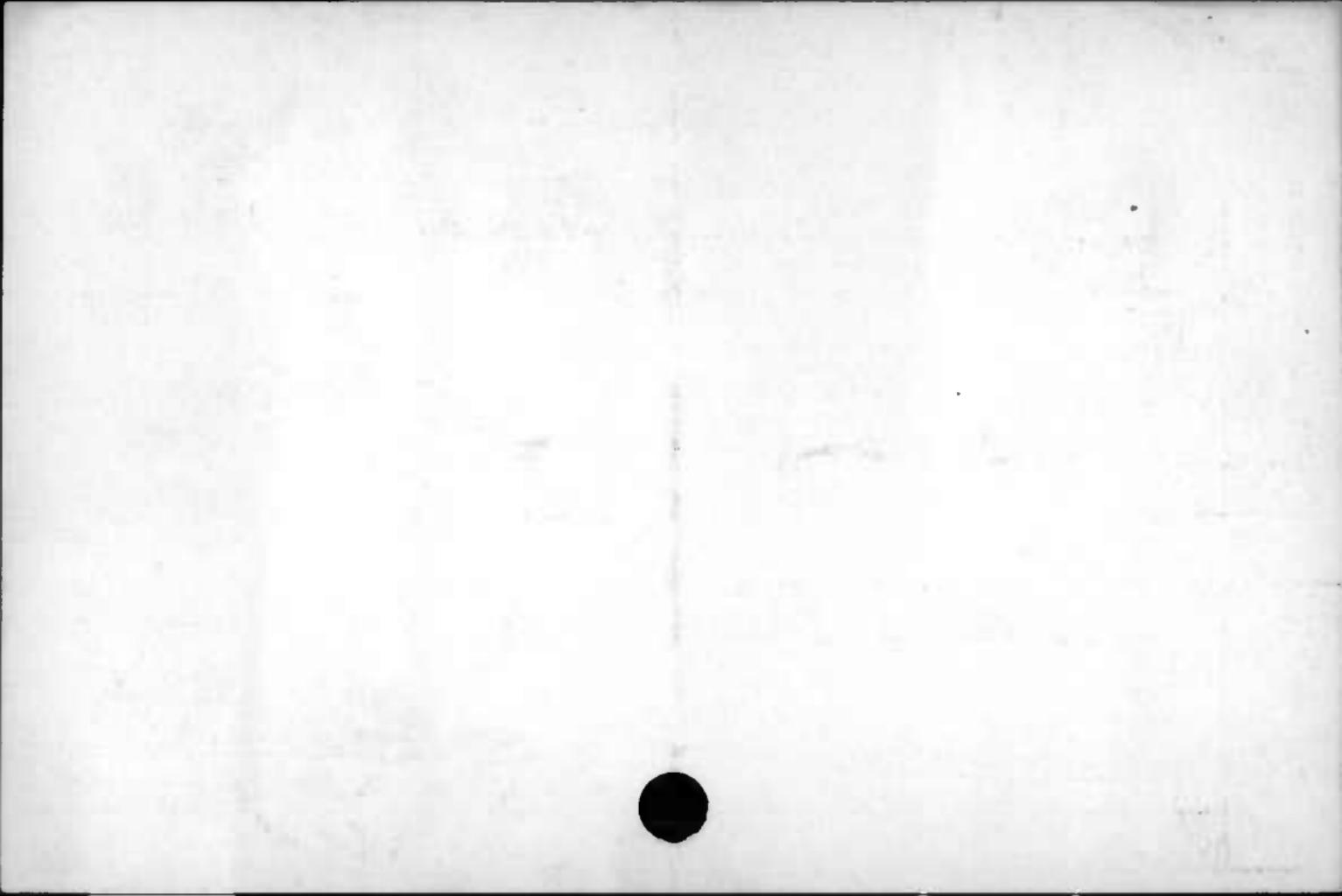
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Hazel H Parker

CERTIFICATE OF DEATH

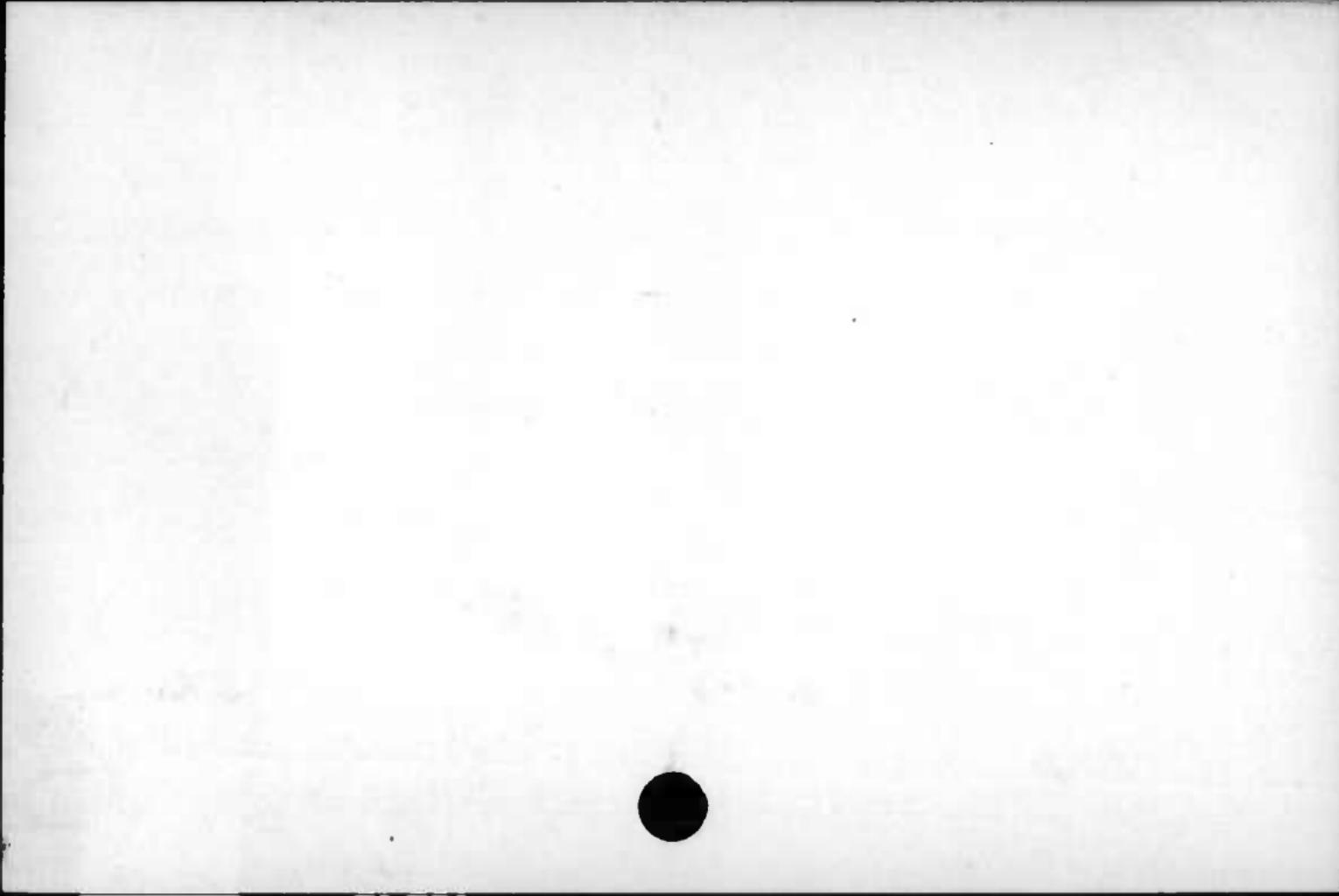
To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month July	Day	20	Years	1
Sex	Female	Color or Race	Black		Birth-place	Anne Arundel
Occupation	None		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Clementon Parker		Father's Birthplace Atco Md			
Mother's Maiden Name	Lancha Briggs		Mother's Birthplace Atco Md			
Name of person giving Information	Clementon Parker		How related to deceased Father			

CAUSES OF DEATH

105-

Primary	Chorea infantum		How long	3 weeks
Immediate	Convulsions		How long	2 days
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	C R Winterson MD
			Address	Hanover Md
Accident or Suicide?				



Name
in
Full

Helen Parker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Annapolis	A.A.	Co.				
Date of death	Month	Day	Years	Months	Days	
1907	July	26	Age			6
Sex	Color or Race		Where Residing if not at place of death		Birth-place	
Female	Unknown		Unknown		Annapolis	
Occupation					Cheyant St	
Married, Single or Widowed	Name of Wife or Husband					
Single	Unknown					
Father's Name	Sam Parker				Father's Birthplace	
Mother's Maiden Name	Faynette Wiess				Mother's Birthplace	
Name of person giving information	Sam Parker				How related to deceased	

CAUSES OF DEATH

73

PHYSICIAN
OR CORONER

Primary

Grismon Nascentium Three days

Immediate

Exhaustion

How long

How long

Gradual

Are the name, age, sex, color, date and place correctly given above?

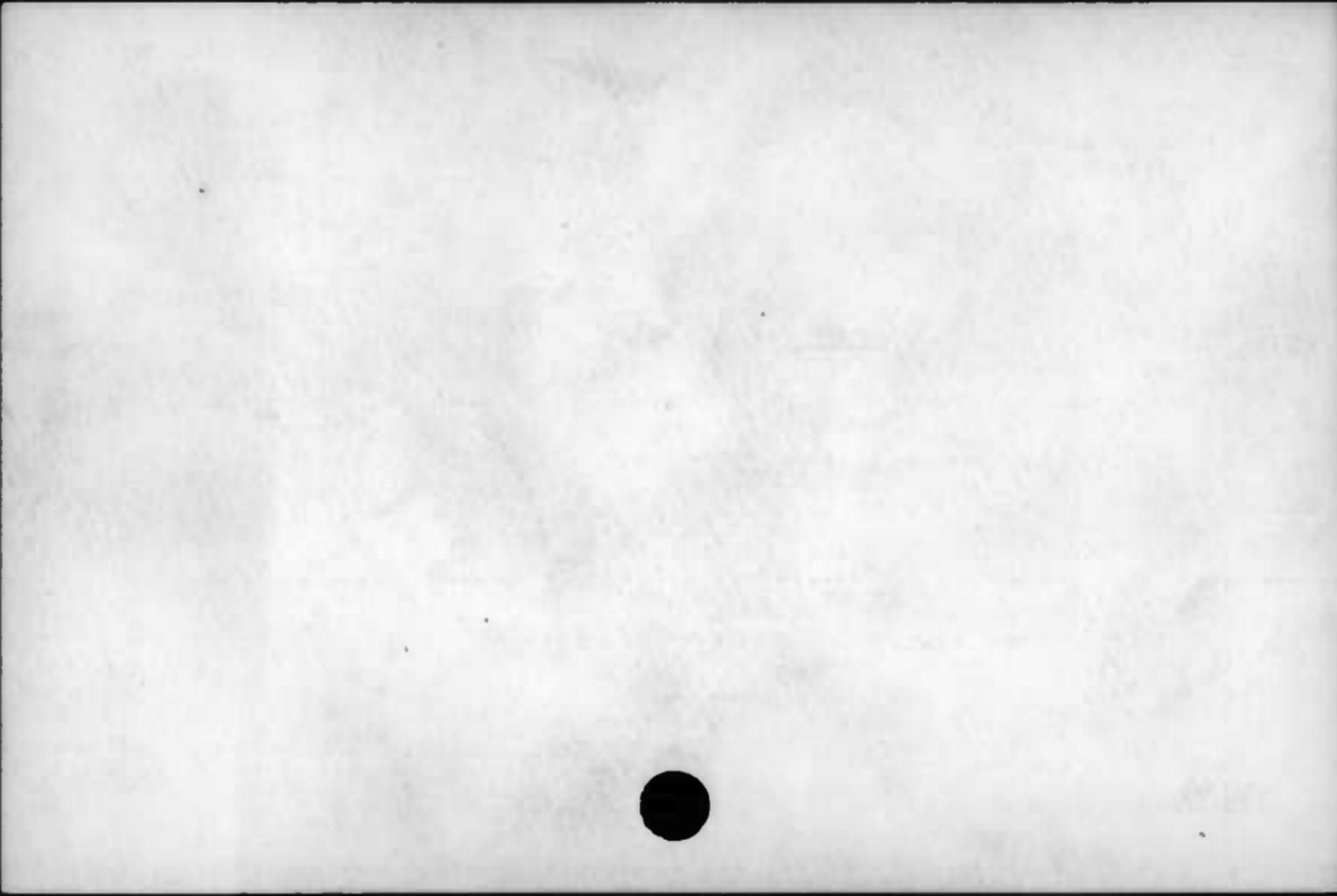
Signature of Physician

Yes

Address

John Ridout M.D.
Annapolis
Md

Accident or Suicide?



Name
in
Full

Harry Clarence Phinney

CERTIFICATE OF DEATH

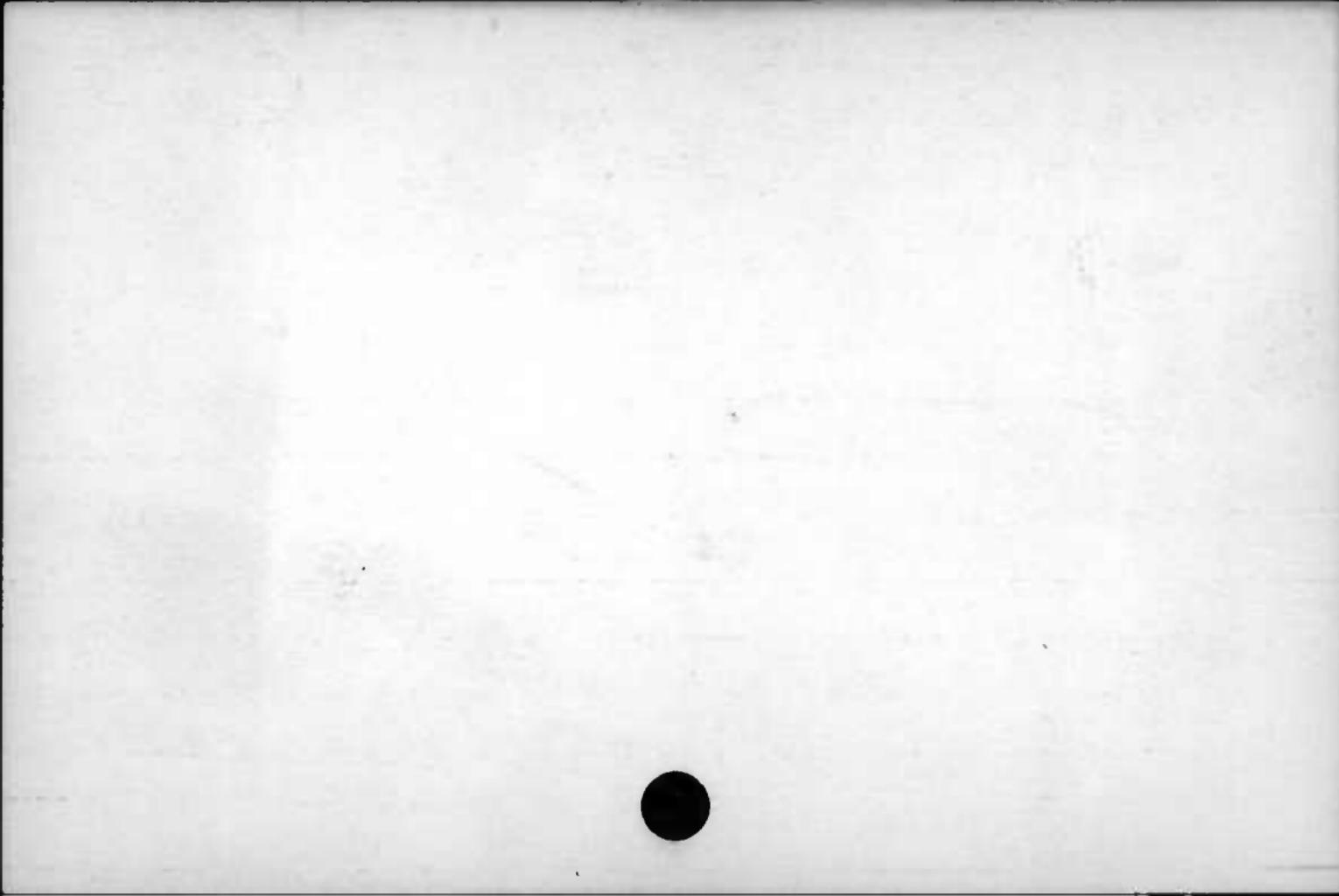
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND		
July 12 of death 1907	Month	Day	Years	Age	7	20	Days
Sex	male	Color or Race	white.		Birth- place Manchester, N.H.		
Occupation	midshipman U.S.N.		Where Residing if not at place of death				
<u>Married, Single</u> <u>or Widowed</u>	Name of Wife or Husband						
Father's Name	Unknown				Father's Birthplace	Unknown	
Mother's Maiden Name	Unknown				Mother's Birthplace	Unknown	
Name of person giving Information	Record or Log of Academy				How related to deceased	—	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Drowning	172	How long	—
Immediate	* Asphyxia		How long	—
Are the name, age, sex, color, date and place correctly given above?		7-6	Signature of Physician	Henry Lee Cramich
			Address	Record of Academy Annapolis
Accident or Suicide?				



Name
In
Full

Joseph Potoski

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1907		Month July	Day 17	Years -	Months 3	Days 1	
Sex Male	Color or Race Polish	Birthplace					
Occupation			Where Residing if not at place of death				
Married, Single or Widowed S	Name of Wife or Husband						
Father's Name Lawrence Potoski	Father's Birthplace America						
Mother's Maiden Name	Wolstone				Mother's Birthplace Australia		
Name of person giving information	husband				How related to deceased		

CAUSES OF DEATH

105°

PHYSICIAN
OR CORONER

Primary Acute Gastro Enteritis

How long

3 days

Immediate Cholera Infestation

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

yes

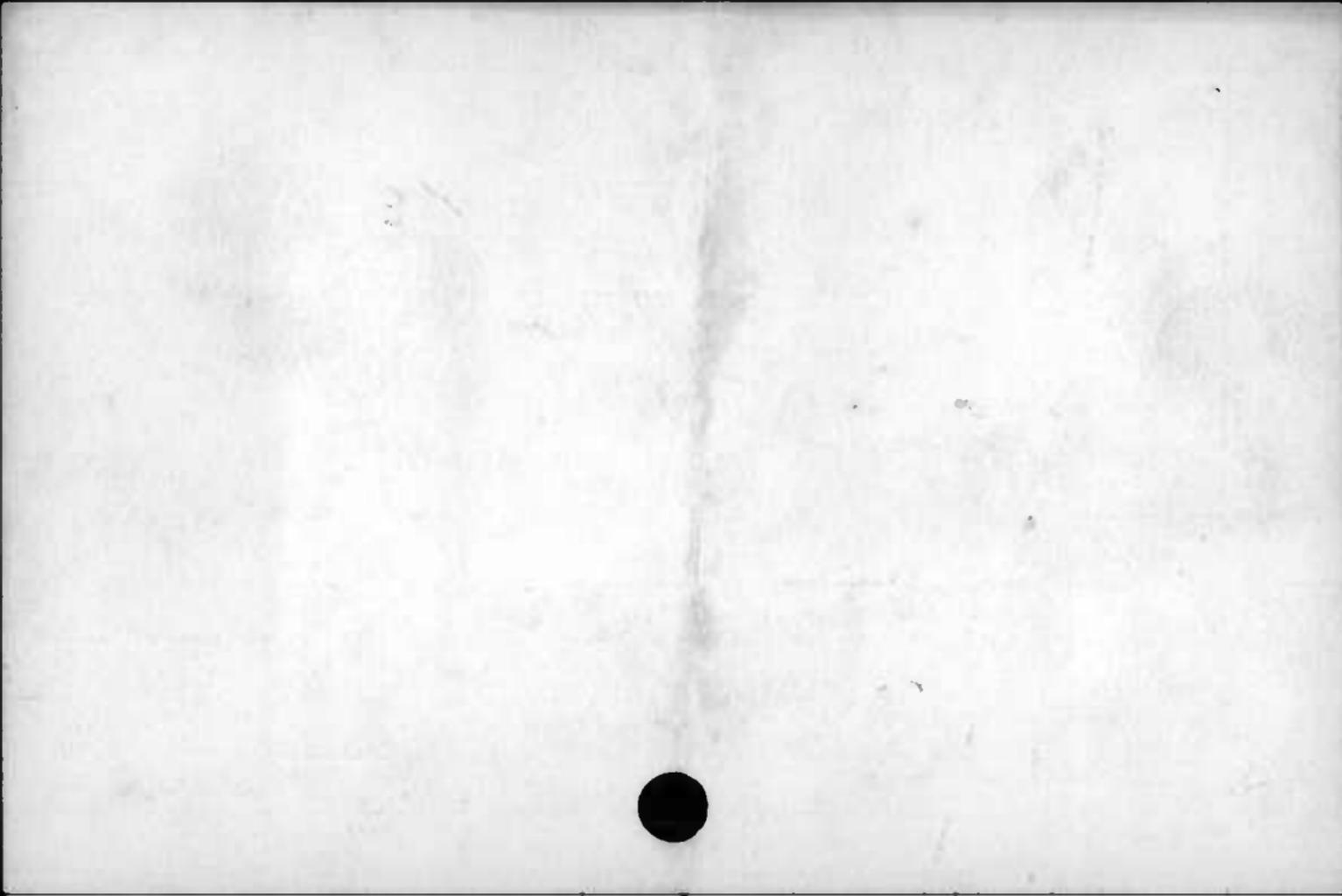
Signature of Physician

Address

Wm D Ford Jr

Center Bay

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

John Wesley Prout				CERTIFICATE OF DEATH			
Died at	Annapolis	Town	A.A.	County	MARYLAND		
Date of death	1907	Month	July	Day	Years	Months	Days
Age	60						
Sex	Male	Color or Race	Colored	Birth-place	West River		
Occupation	Farmer	Where Residing if not at place of death			Baltimore Row		
Married, Single or Widowed	Married	Name of Wife or Husband	Marley Prout	Father's Birthplace	Unknown		
Father's Name	Unknown			Mother's Birthplace	Unknown		
Mother's Maiden Name	Unknown			How related to deceased	Step Son		
Name of person giving information	William Chew				120		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic Nephritis

Months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

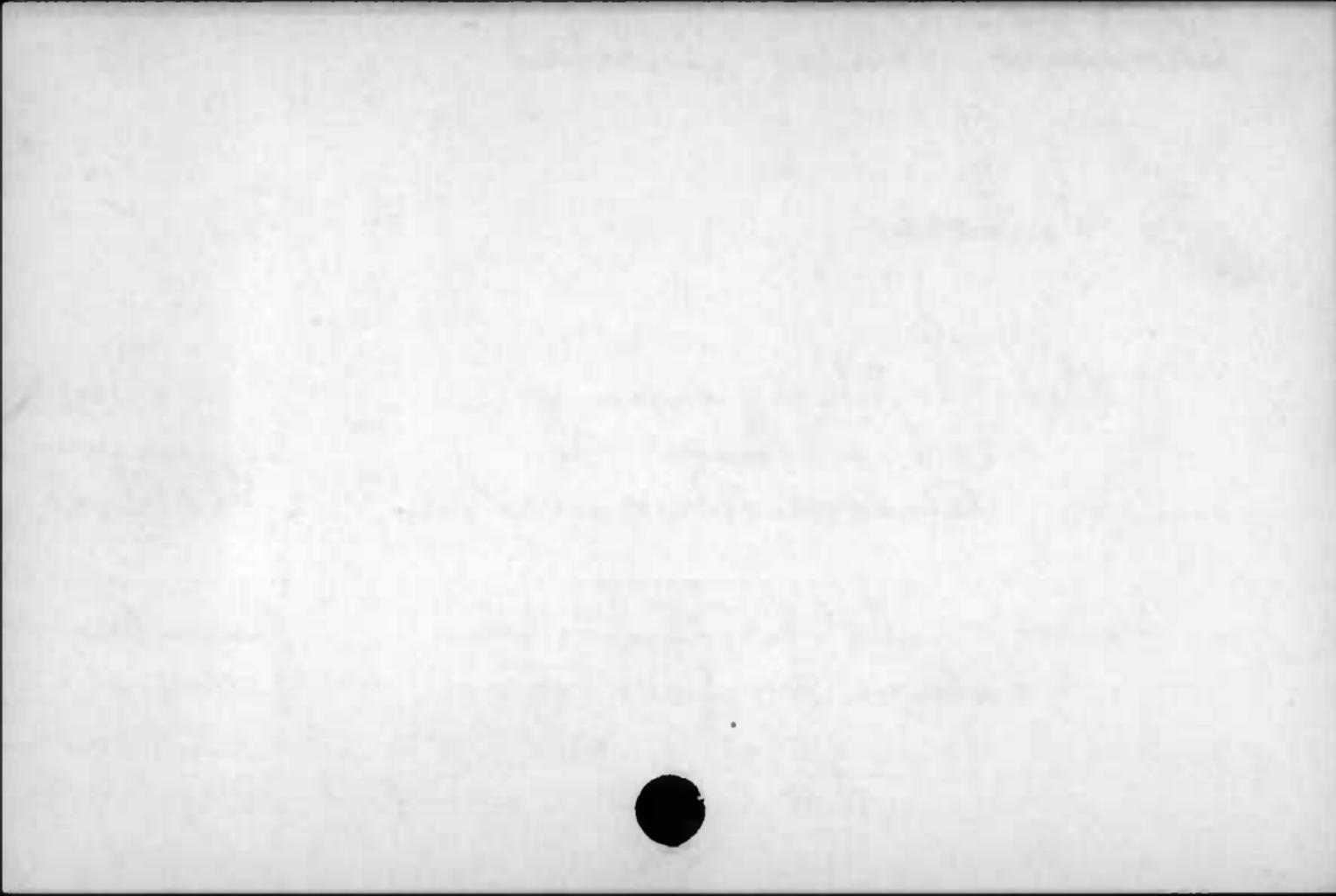
Signature of Physician

yes

Address

John Ridout
1000
Annapolis
Md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Connie Rhogannis

CERTIFICATE OF DEATH

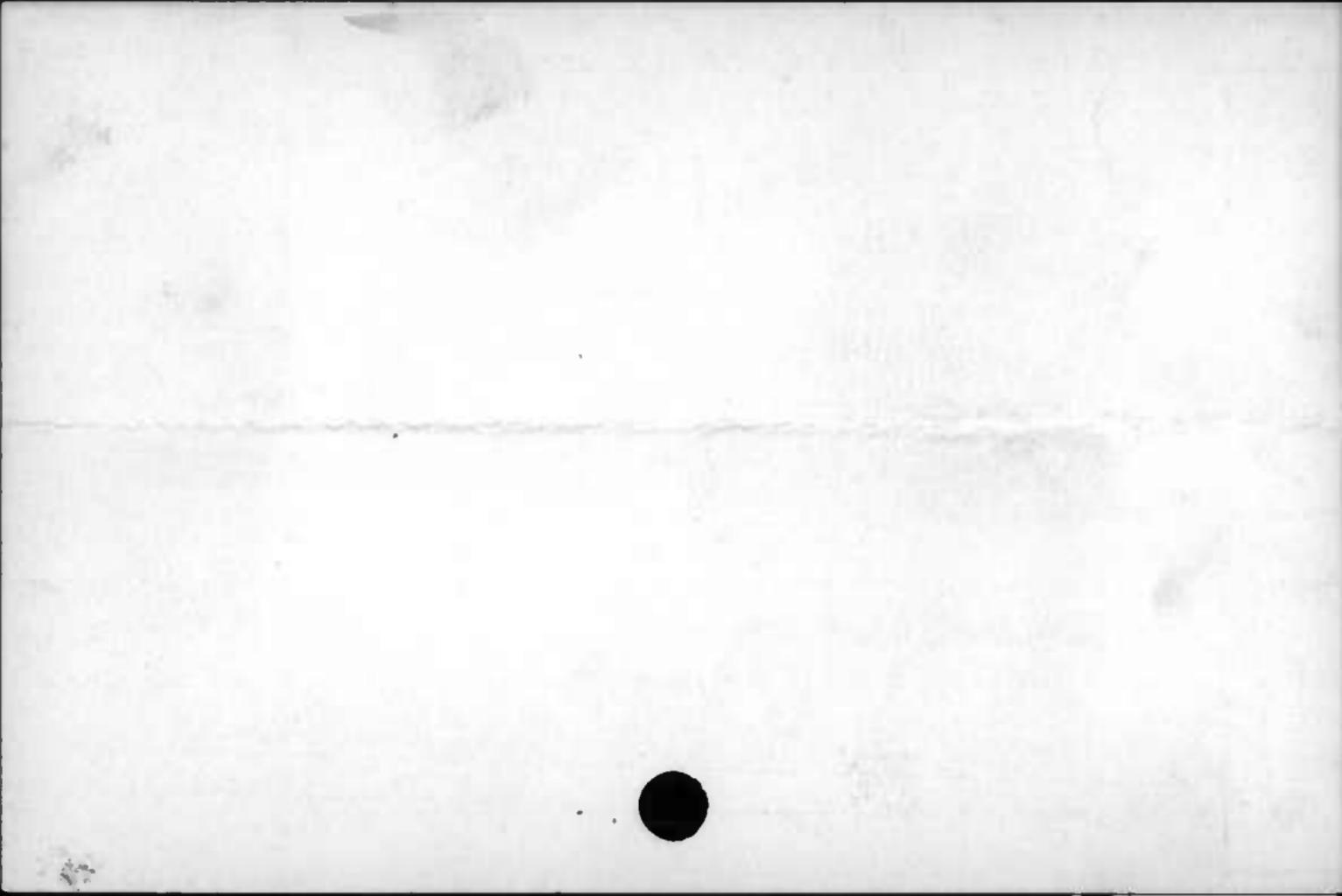
MARYLAND

Died at	Town	County			
Curtis Bay		aa Co.			
Date of death	Month	Day	Years	Months	Days
1907	July	23	Age	6	—
Sex	Female	Color or Race	W	Birth-place	Md.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Vladimir Rhogannis				
Mother's Maiden Name	Not obtained				
Name of person giving information	Connie Rhogannis				
	Russia				
	Russia				
	Mother				

CAUSES OF DEATH

105-

Primary	Acute Gastric Enteritis		How long	1 week
Immediate	Cholera Infantum		How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Wm. S. Scott, M.D.	
		Address	Curtis Bay, Md.	
Accident or Suicide?				



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

<h1>Mary Richardson</h1>				CERTIFICATE OF DEATH			
Died at		Town	County		MARYLAND		
Date of death 190	Month	Day	Years	Months		Days	
Sex	Color or Race	Age	12				
Occupation	Where Residing if not at place of death		517 N. Met St,				
Married, Single or Widowed	Name of Wife or Husband						
Single							
Father's Name	George Richardson		Father's Birthplace	Annapolis			
Mother's Maiden Name	Maggie Clark		Mother's Birthplace	Annapolis			
Name of person giving information	Sam Clark		How related to deceased	Wife			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Tuberculosis

2 to 3 years.

Immediate

Tuberculous meningitis

several hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

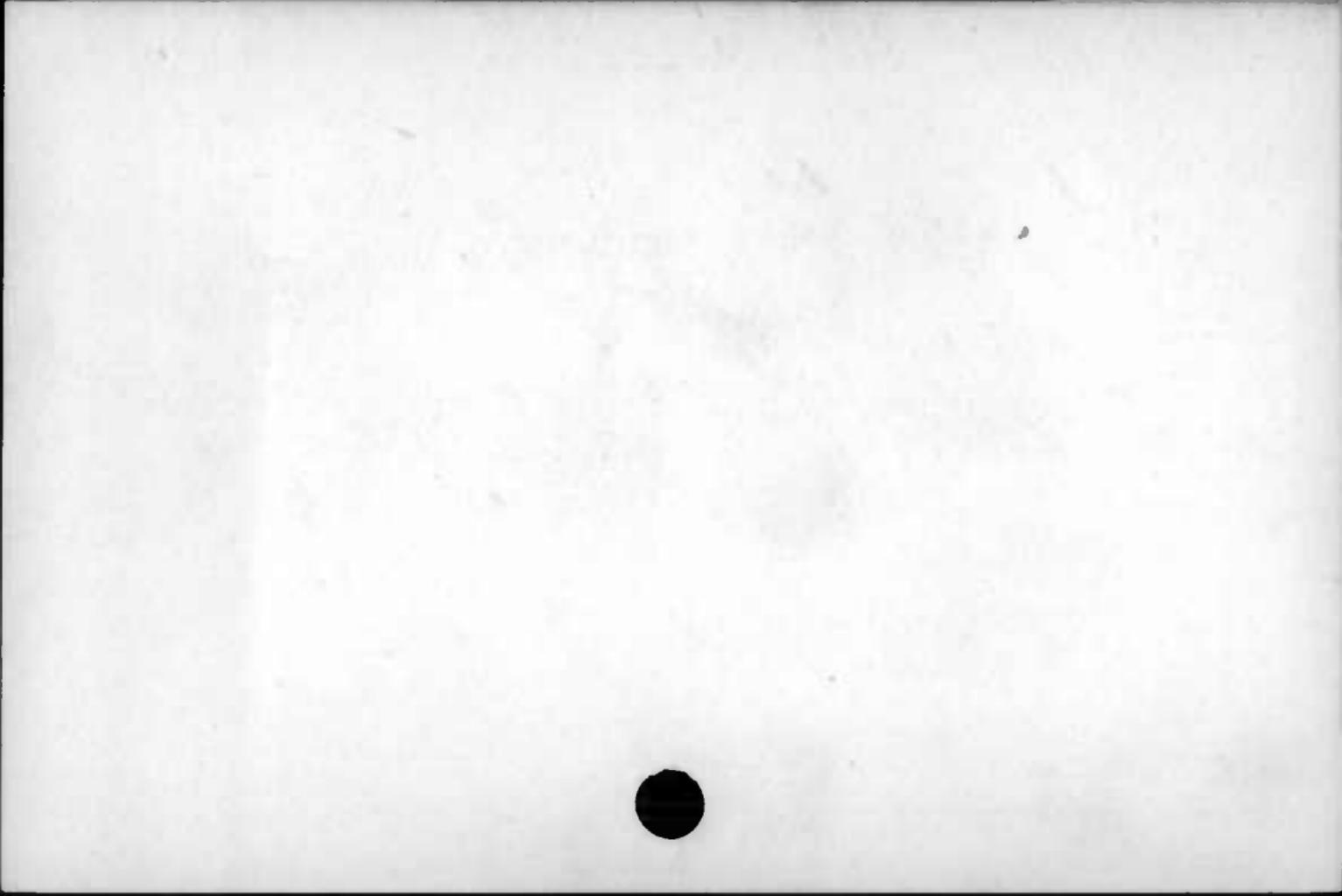
F. H. Thompson

Address

Annapolis

Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Millie J. Ridout
Died at Annapolis Anne Arundel
Town County

CERTIFICATE OF DEATH

Tcw

Count

MARYLAND

Died at Annapolis Anne Arundel **MARYLAND**
Date Month Day Years Months Days

Date 10-10-02 Month 10 Day 2 Years 122 Months 1 Days 0

of death 190

Sex Female Color or Race White Birth-place White Hall

Occupation None Where Residing if not at place of death Chase Home

Married, Single or Widowed Married Name of Wife or Husband

1910-1911 Father's

Name *Islandia* *sector* *birthplace* *Whale Bay*

Mother's Maiden Name *Mascaret Cottles* Mother's Birthplace *Carroll Co*

Name of person giving information _____ How related _____

U. Radon / to do next

CAUSES OF DEATH

27

Primary Pulmonary Tuberculosis How long Years

8/16 time How long 3 days

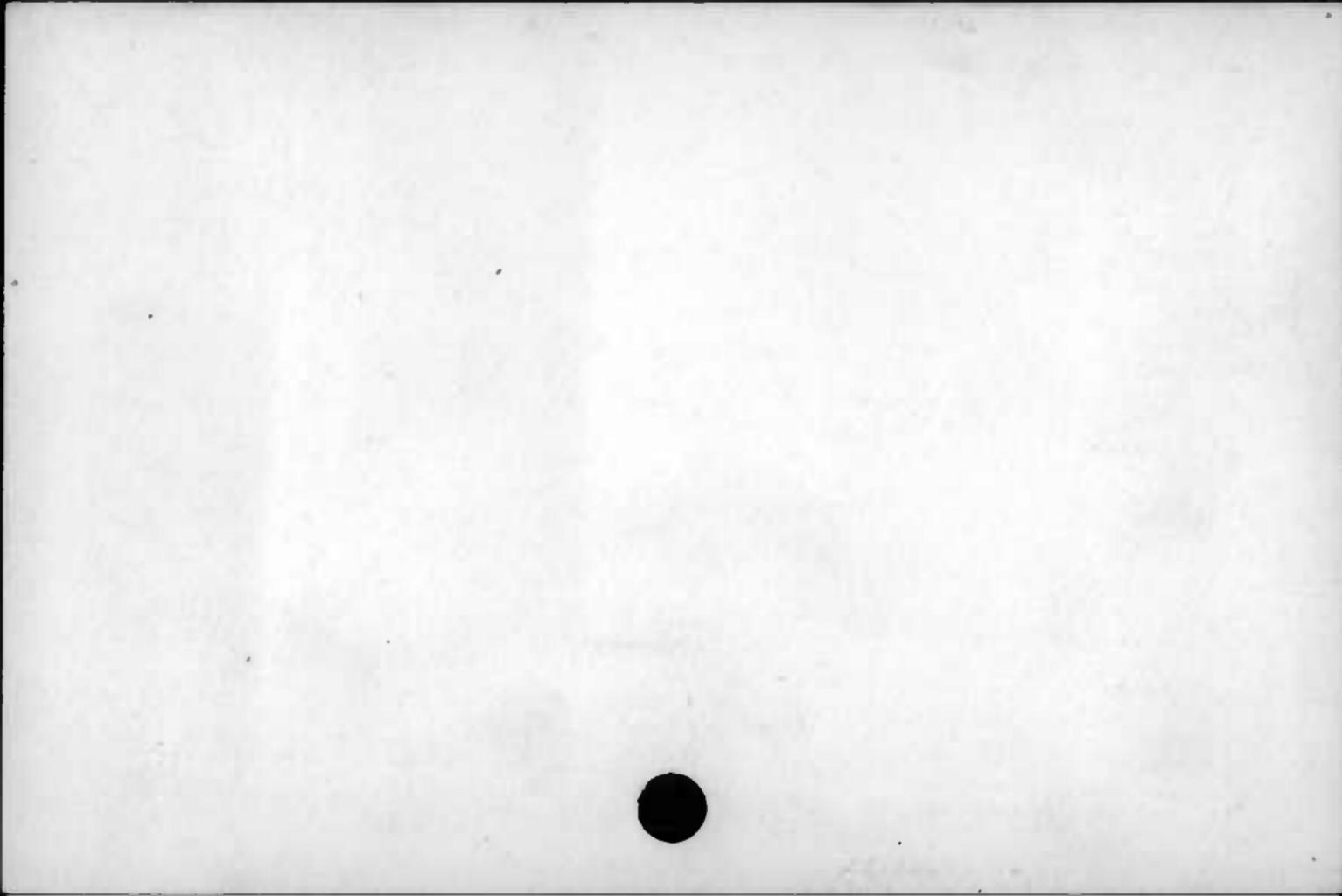
Immediate Гранитон Залог

Are the name, age, sex, color, date
and place correctly given above? **Yes** Signature of
Physician **W.E. Reardon**

Address *Franklin*

www.sagepub.com

LIBRARY BUREAU A88616



Name
in
Full

Rachel R Robson ⁱⁿ

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1907	July	21	Age —
Sex	Color or Race	White	Birth-place
Female		Annapolis	
Occupation	Where Residing if not at place of death		
None	92 East St		
Married, Single or Widowed	Name of Wife or Husband	None	
Single		None	
Father's Name	Harry S Robson		
Mother's Maiden Name	Mary R Hopkins		
Name of person giving information	Mary R Robson		

CAUSES OF DEATH

105

How long

48 hours

How long

12 hours

PHYSICIAN
OR CORONER

Primary

Cholera - Infantum.

Immediate

Eclampsia

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

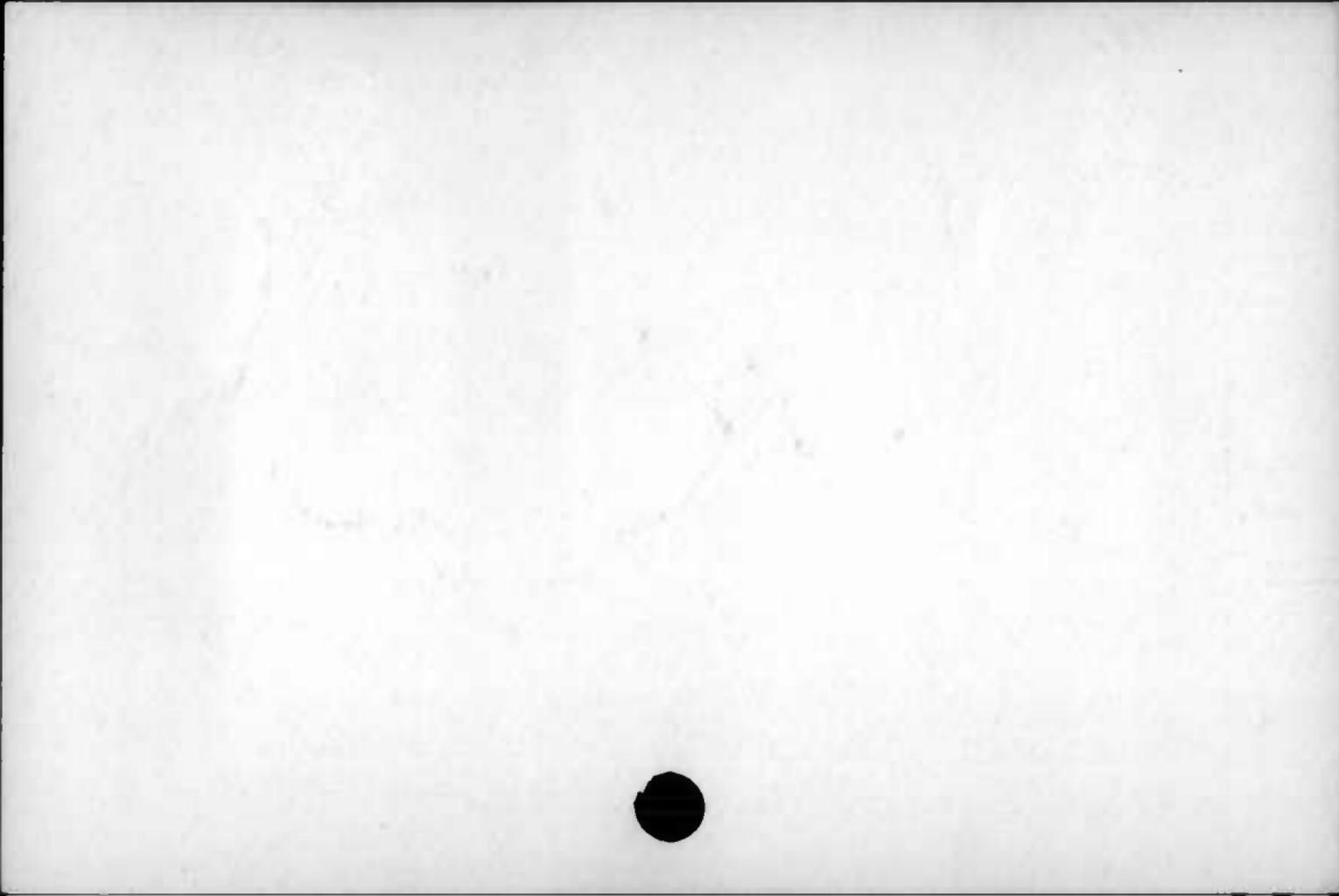
J. H. Thompson, M.D.

Address

1936 Church St.

Annapolis, Md.

Accident or Suicide?



Name
in
Full

Rose E. Baker

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Annapolis		Town		County		MARYLAND	
Date of death	1907	Month July	Day 18	Years	—	Months 3	Days 4
Sex	Female	Color or Race	colored	Birth-place	Baltimore		
Occupation	House	Where Residing if not at place of death			Annapolis		
Married, Single or Widowed	Single	Name of Wife or Husband	Rose	Father's Name	George Baker		
Father's Name	George Baker	Mother's Maiden Name	Maryneal Little	Mother's Birthplace	Md		
Mother's Maiden Name	Maryneal Little	Name of person giving information	Susan Little	How related to deceased	G. Mother		

CAUSES OF DEATH

(137)

PHYSICIAN
OR CORONER

Primary

Marasmus
Exhaustion

How long

Since Birth
Gradual

Immediate

Are the name, age, sex, color, date and place correctly given above?

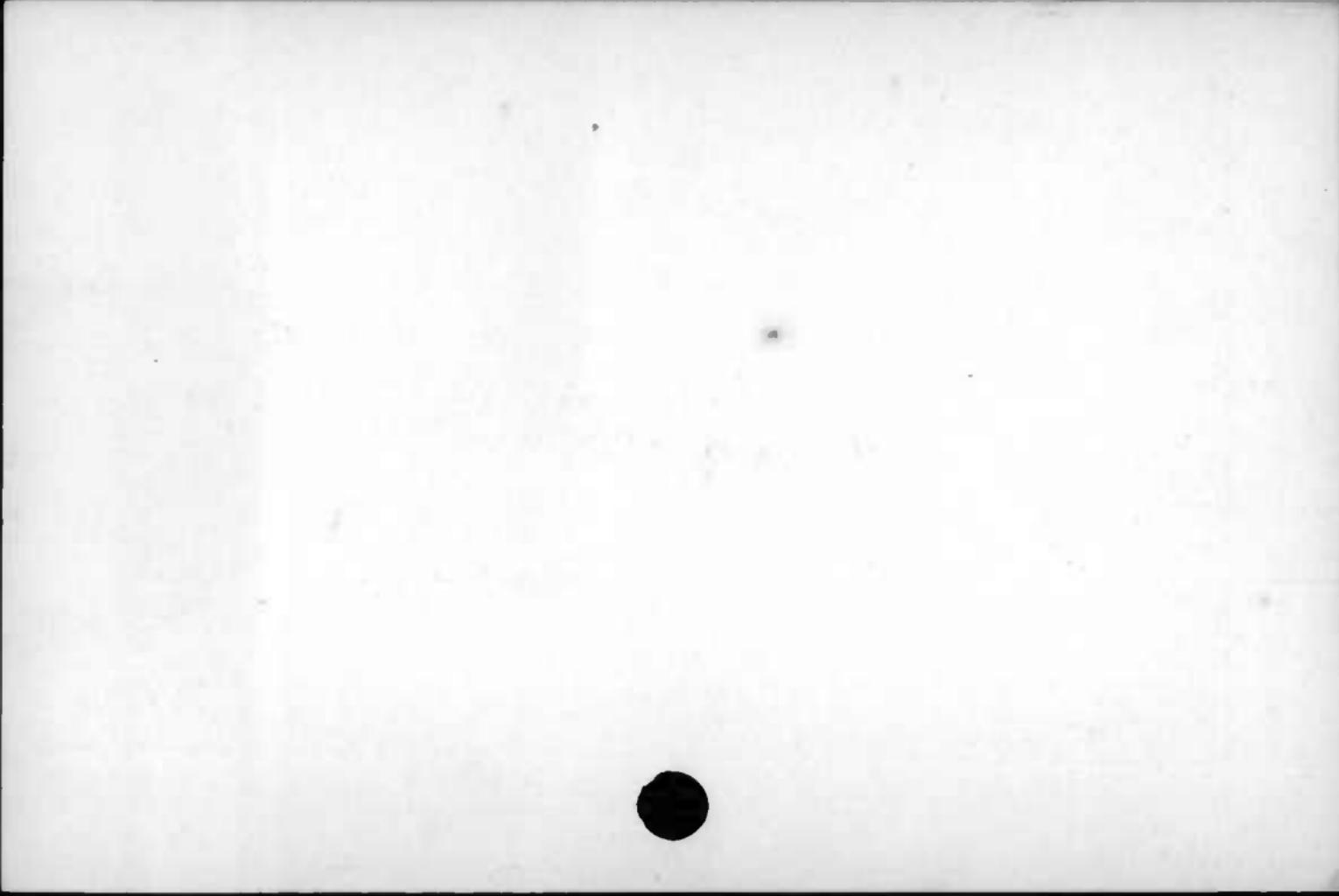
Signature of Physician

Address

Yes

John Ridout, M.D.
Annapolis
Md

Accident or Suicide?



Name
in
Full

Ann D. Shivers

CERTIFICATE OF DEATH

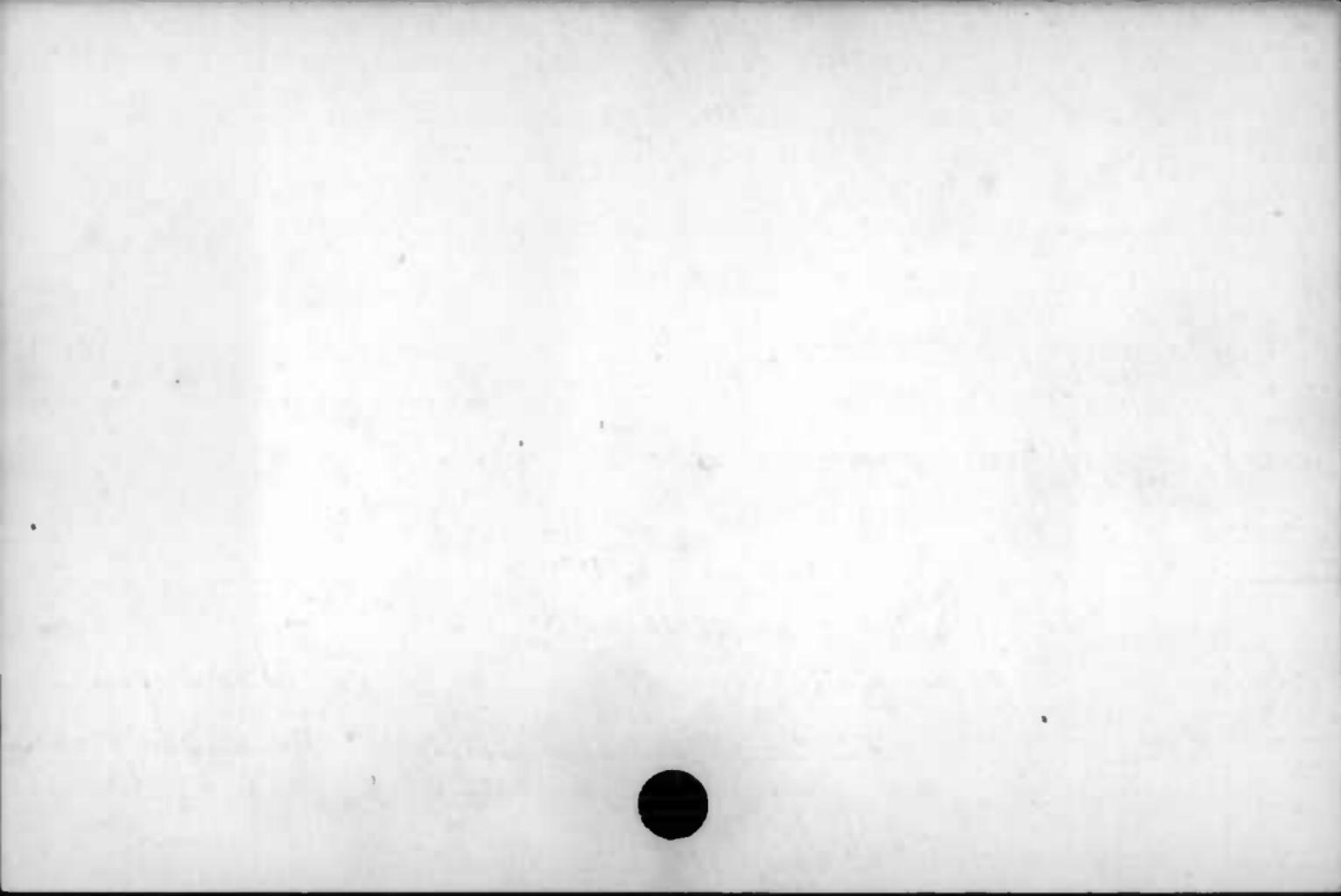
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Circleville	Circleville			
Date of death	Month	Day	Years	Months	Days
1907	July	22	2	5	2
Sex	Female	Color or Race	St. Marys Co.		
Occupation	Unknown	Where Residing if not at place of death	Lincoln Place		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Randolph Shivers	Father's Birthplace	St. Marys Co.		
Mother's Maiden Name	Rosanna Herbert	Mother's Birthplace	St. Marys Co.		
Name of person giving information	Rosanna Shivers	How related to deceased	Mother		

CAUSES OF DEATH

92

Primary	Bronchitis - Pneumonia		How long
Immediate	Measles		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		Address
gas	Louis B. Henkel		Annapolis, Md.
Accident or Suicide?	Neither		



Name
in
Full

Mabel Spencer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

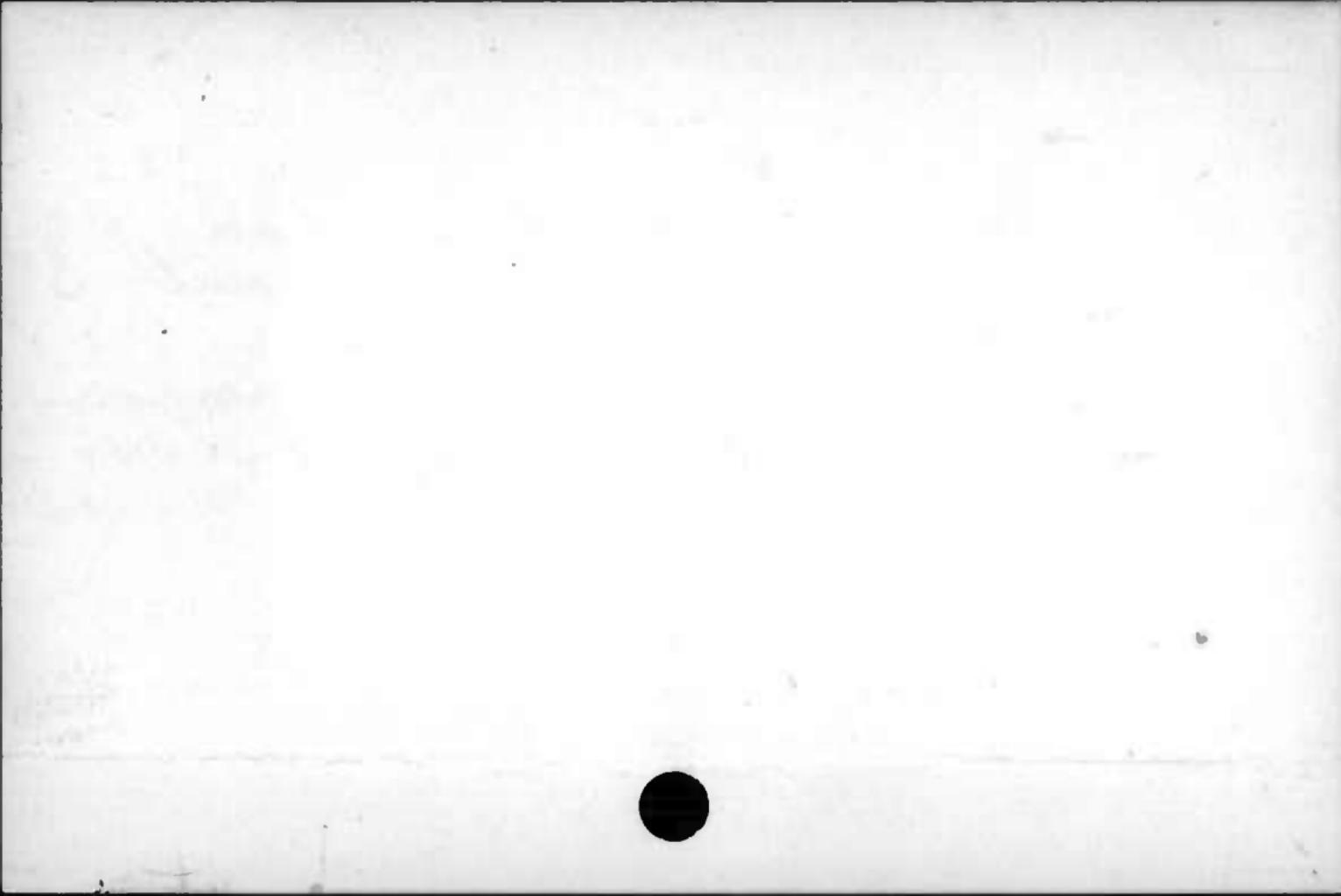
Died at Sollers		Town Anne Arundel		County Maryland	
Date of death 1907	Month July	Day 27	Age 9	Years	Months
Sex Female	Color or Race african	Birth- place Anne Arundel Co Maryland		Days	
Occupation —	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name William Spencer	Father's Birthplace Anne Arundel Co Md				
Mother's Maiden Name Charlotte Turner	Mother's Birthplace Anne Arundel Co Md				
Name of person giving Information William Spencer	How related to deceased Father				

CAUSES OF DEATH

27

Primary Phthisis Pulmonalis	How long
Immediate Heart failure	How long
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Geo. H. Crane
	Address Arniiger Md

Accident or Suicide?



Name
in
Full

Edward

Stebrow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Annapolis and A. A. & Co.

Town

County

MARYLAND

Date
of death 1907

Month

Day

Years

Months

Days

July

26

—

6

—

Age

Sex

Male

Color or
Race

Colored

Birth-
place

Annapolis and

Occupation

Where Residing if not
at place of death

No. 4 Vandyke St

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Edward Stebrow

Father's
Birthplace

Prince George,
Md.

Mother's
Maiden Name

Elizabeth Chambers

Mother's
Birthplace

George Town

Name of person giving
Information

Edward Stebrow

How related
to deceased

Father

CAUSES OF DEATH

105

Primary

Cholera Infantum

How long

Six days

Immediate

Exhaustion

How long

Gradual

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

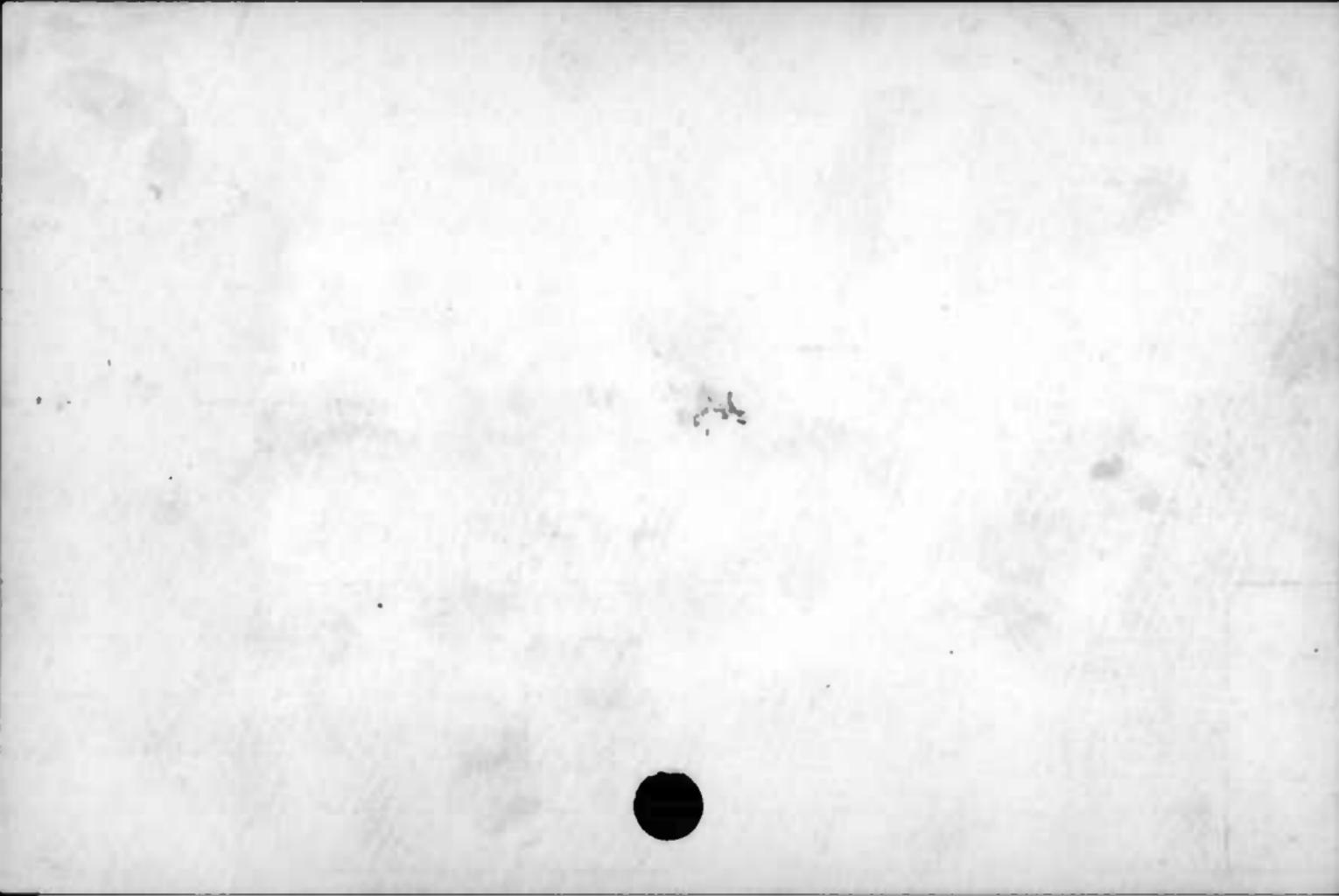
Yes

Address

John Ridout
Annapolis
Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Julia S. Steward						CERTIFICATE OF DEATH	
Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
1907	July	9	5	Age	—	9	23
Sex	Male	Color or Race	Colored	Birth-place	Annapolis		
Occupation	Unknown		Where Residing if not at place of death	140 South St			
Married, Single or Widowed	Single	Name of Wife or Husband	Unknown		Father's Birthplace	Annapolis	
Father's Name	Malvina S. Steward				Mother's Birthplace	Davison	
Mother's Maiden Name	Alice Davis				How related to deceased	Mother	
Name of person giving Information	Alice Davis						

CAUSES OF DEATH

(36)

Primary

Congenital Loney's
exhaustion

How long

Since Birth

Immediate

Gradual

Are the name, age, sex, color, date and place correctly given above?

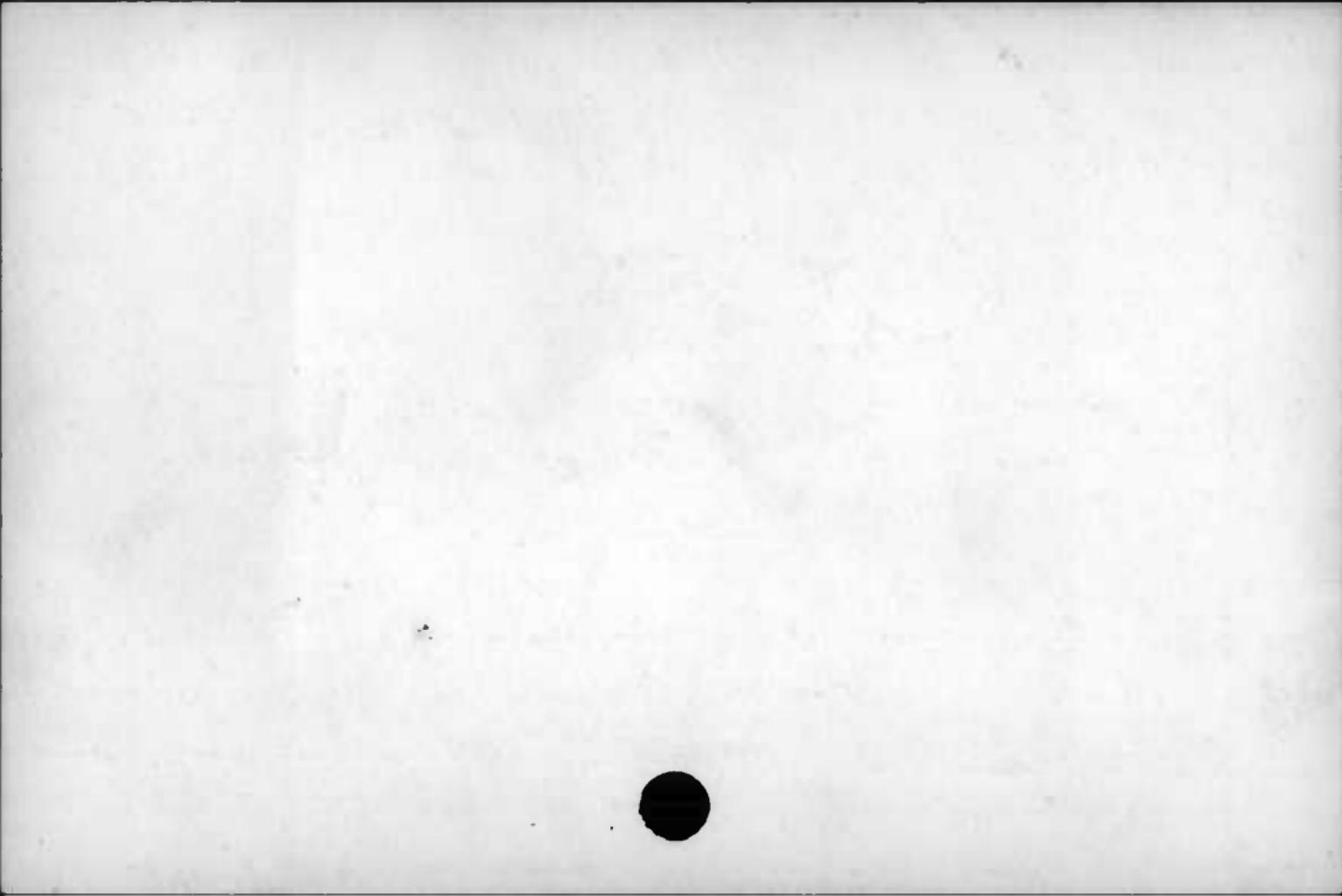
Signature of Physician

Yes

Address

John Ridout MD
Annapolis
Md

Accident or Suicide?

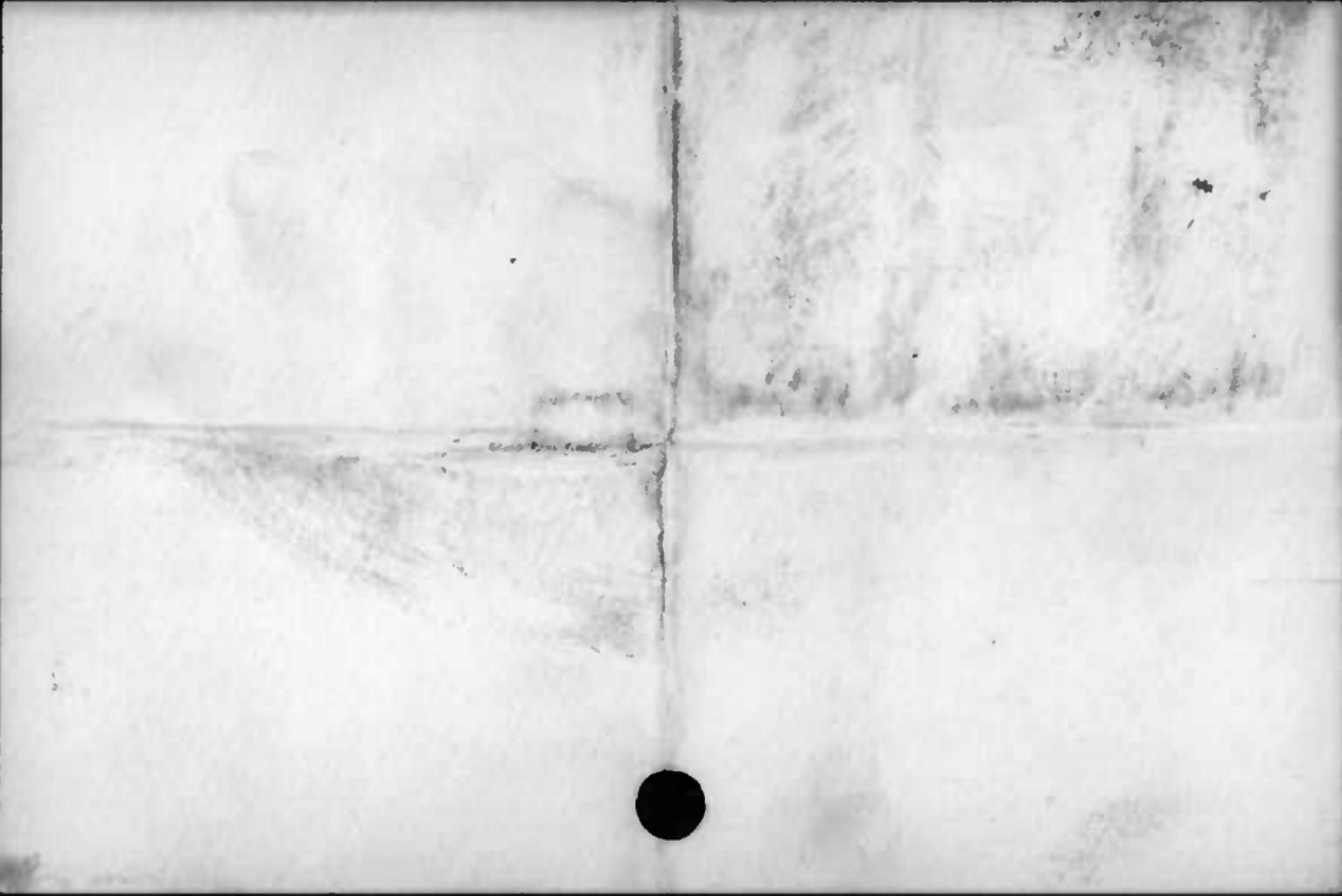


Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Gaelgyn St. Onolli				CERTIFICATE OF DEATH				
Died at		Town	County	MARYLAND				
Date of death	1907	Month July	Day 17	Age 35	Years	Months July	Days 17th	
Sex	Male	Color or Race	White	Birth-place Italy				
Occupation	Laborer.			Where Residing if not at place of death Washington D.C.				
Married, Single or Widowed	Single	Name of Wife or Husband						
Father's Name	Unknown			Father's Birthplace Italy				
Mother's Maiden Name	L			Mother's Birthplace "				
Name of person giving information	Theo Trainor			How related to deceased No Relation				
CAUSES OF DEATH								
Primary	Drowning				172	How long		
Immediate						How long		
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician				
Yes				Coroner Gastrothorac				
				Address				
Accident or Suicide?				St Margaret				



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Souisa Taylor

CERTIFICATE OF DEATH

Died at	Town		County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age		Birth-place		
Occupation	Where Residing if not at place of death		Amesopholis Calvert 89			
Married, Single or Widowed	Name of Wife or Husband	Unknown		Unknown		
Father's Name	Joe Taylor		South River 3rd			
Mother's Maiden Name	Souisa Wills		South River			
Name of person giving information	Joe Taylor		Father			

CAUSES OF DEATH

Primary

Premature Birth

151

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

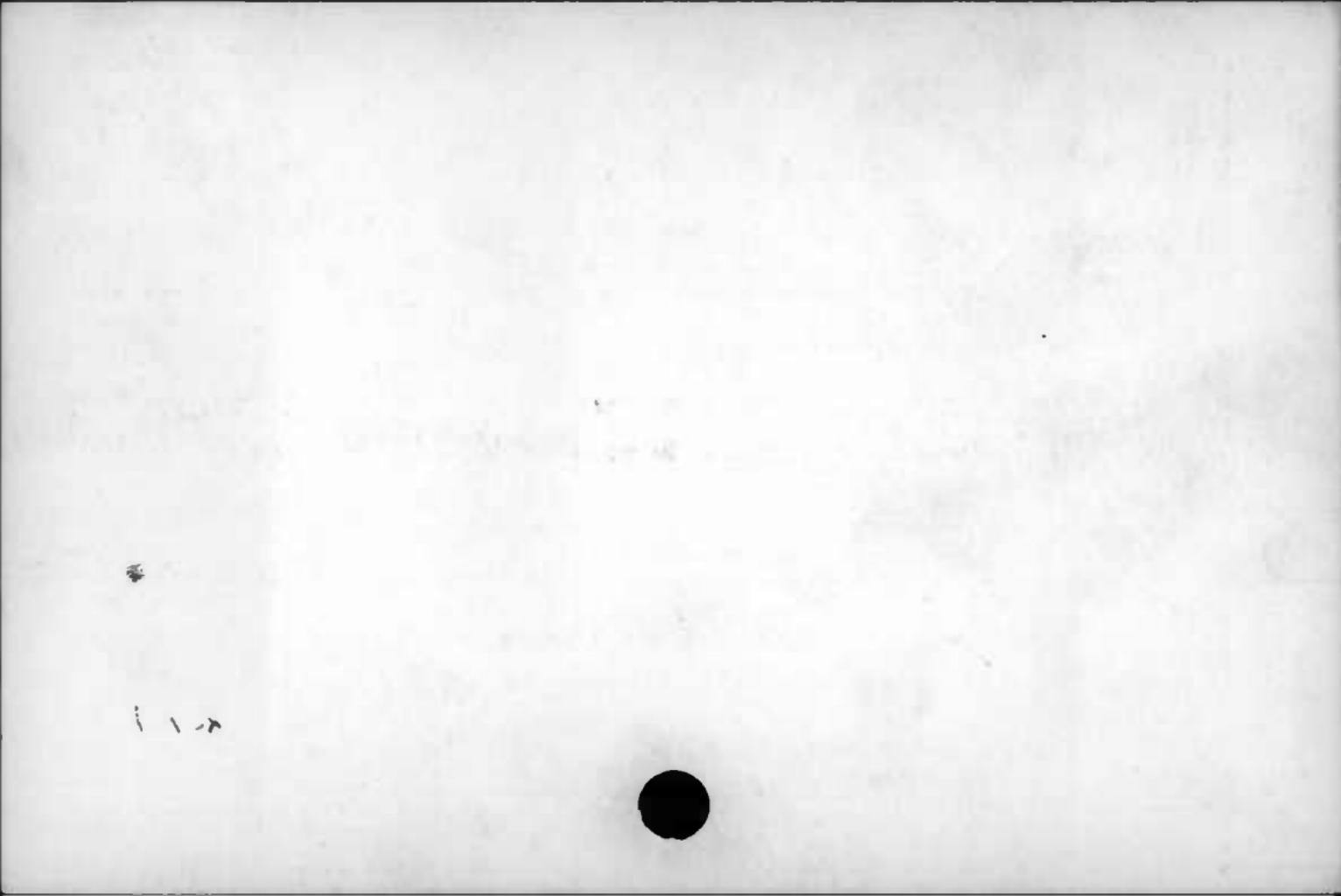
Signature of Physician

Address

yes

John Ridout Amesopholis MD

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

John Taylor

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND			
Date of death	1907	Month July	Day 7	Years 78	Age	Months	Days	
Sex	Male	Color or Race	Occupation		Where Residing if not at place of death	Birthplace		
Married, Single or Widowed	Married	Name of Wife or Husband	Flower		Elizabeth Taylor	Unknown		
Father's Name	John Taylor		Name of person giving information		Father's Birthplace		Unknown	
Mother's Maiden Name	Unknown		Lillian Taylor		Mother's Birthplace		Unknown	
Name of person giving information			How related to deceased			How long		

CAUSES OF DEATH

97

PHYSICIAN
OR CORONER

Primary

Asthma & Profuse

How long

Two hours

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

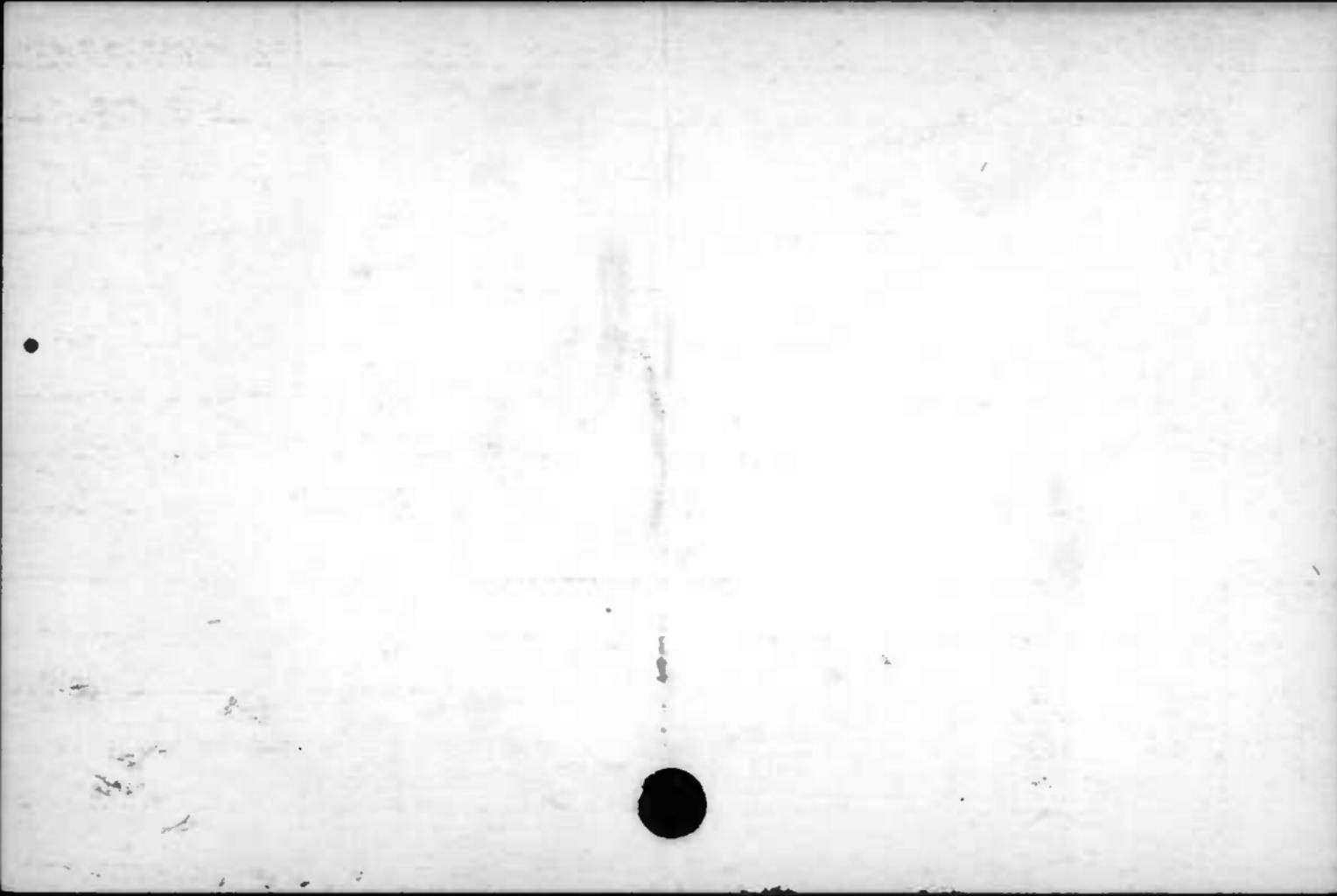
Signature of Physician

John Taylor

Address

20 Van Buren
Brooklyn
N.Y. 100-100

Accident or Suicide?



Name
in
Full

Rose A Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Town	County	MARYLAND			
Died at	Annapolis	a a b.	Months	6	Days
Date of death	1907 July	Day	Years	—	—
Sex	Female	Color or Race	Color	Birth-place	Annapolis
Occupation	None	Where Residing if not at place of death Annapolis			
Married, Single or Widowed	Single	Name of Wife or Husband	None	Father's Birthplace	Baltimore
Father's Name	Elsworth Thomas			Mother's Birthplace	West River
Mother's Maiden Name	Alver Digs			How related to deceased	Father
Name of person giving information	Elsworth Thomas				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

colitis

105

How long

two weeks

Immediate

2 hours

How long

48 m

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. P. Teece
60 Cathedral
Annapolis Md.

Accident or Suicide?

Name
in
Full

Eliyah. Thornton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

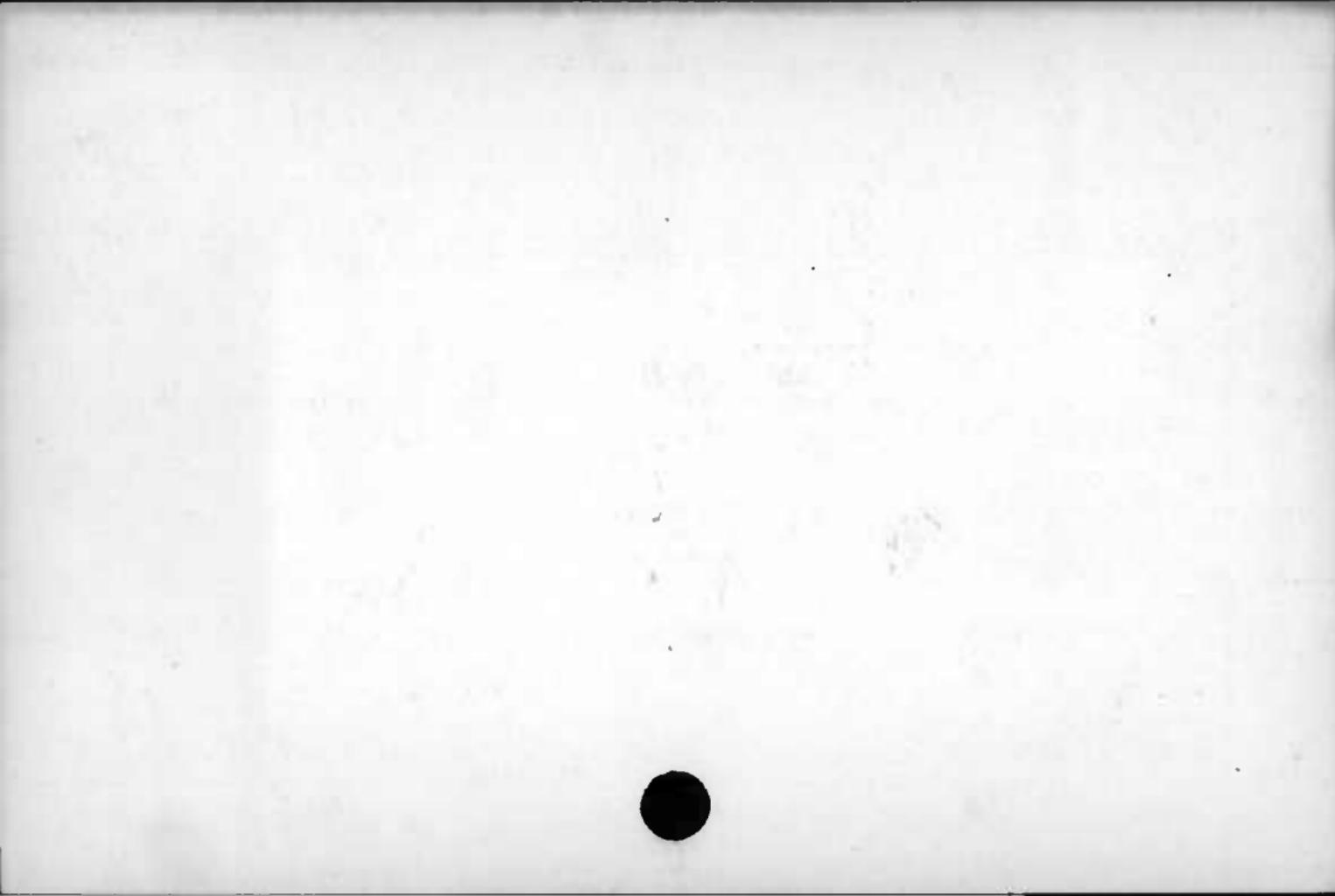
PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Where Residing if not at place of death			
Occupation	Unknown.				
Married, Single or Widowed	Name of Wife or Husband	Calvert St.			
Father's Name	Unknown.				
Mother's Maiden Name	Unknown.				
Name of person giving information	Mary. Cramer				

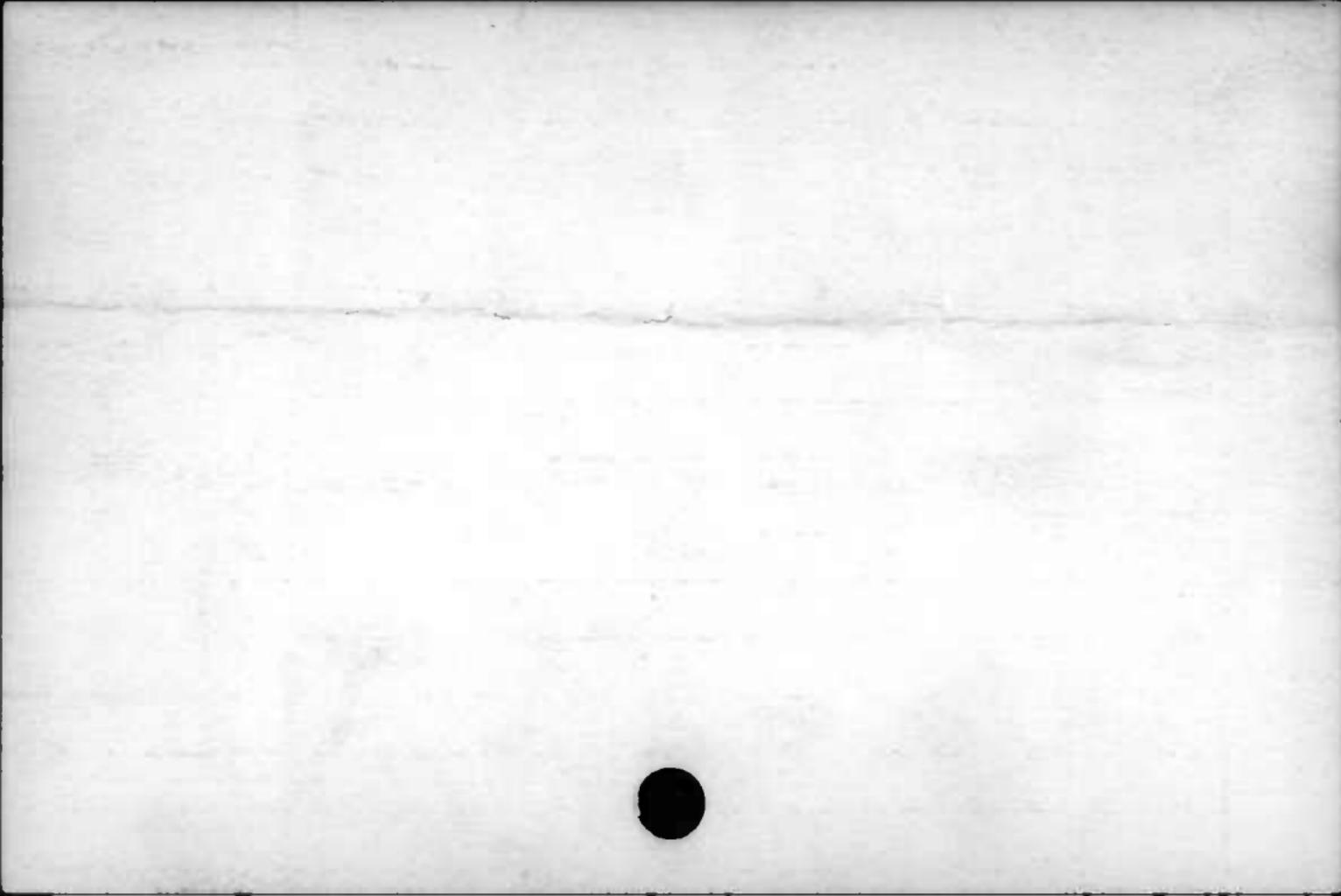
CAUSES OF DEATH

79

Primary: Chronic Endocarditis, Years.
Immediate: Cardiac Arrest, 10 hours.
Are the name, age, sex, color, date and place correctly given above? Yes
Signature of Physician: Louis Brinkley
Address: Annapolis, Md.
Accident or Suicide? Neither



John T. Dobrell					CERTIFICATE OF DEATH	
Died at		Town	County		MARYLAND	
Died at	East Broadway	A. A.			Months	Days
Date of death	1907	Month July	Day 21	Years	87	27
Sex	Male	Color or Race	White	Birth-place	East Broadway	
Occupation				Where Residing if not at place of death		
Married, Single or Widowed				Name of Wife or Husband	John Dobrell	
Father's Name	William Dobrell			Father's Birthplace	Germany	
Mother's Maiden Name	Anna Griswold			Mother's Birthplace	May Arthur	
Name of person giving information	Arthur			How related to deceased		
CAUSES OF DEATH						
Primary	Cholera infantum			105	How long	
Immediate	Convalescent			8 days	How long	
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
				Address		
Accident or Suicide?				John T. Dobrell East Broadway, New York		



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Edward Tyler

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

County

Date
of death

1907

Month

Day

Years

Months

Days

Age

4

Sex

Male

Color or
Race

Birth-
place

Occupation

Unknown

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Unknown

Father's
Name

Aaron Tyler

Father's
Birthplace

South River
Colbert Co

Mother's
Maiden Name

Elizabeth Parker

Mother's
Birthplace

Colbert Co

Name of person giving
Information

Aaron Tyler

How related
to deceased

Father

CAUSES OF DEATH

72

Primary

Trismus Nascentium Two days

Immediate

How long

How long

Are the name, age, sex, color, date
and place correctly given above?

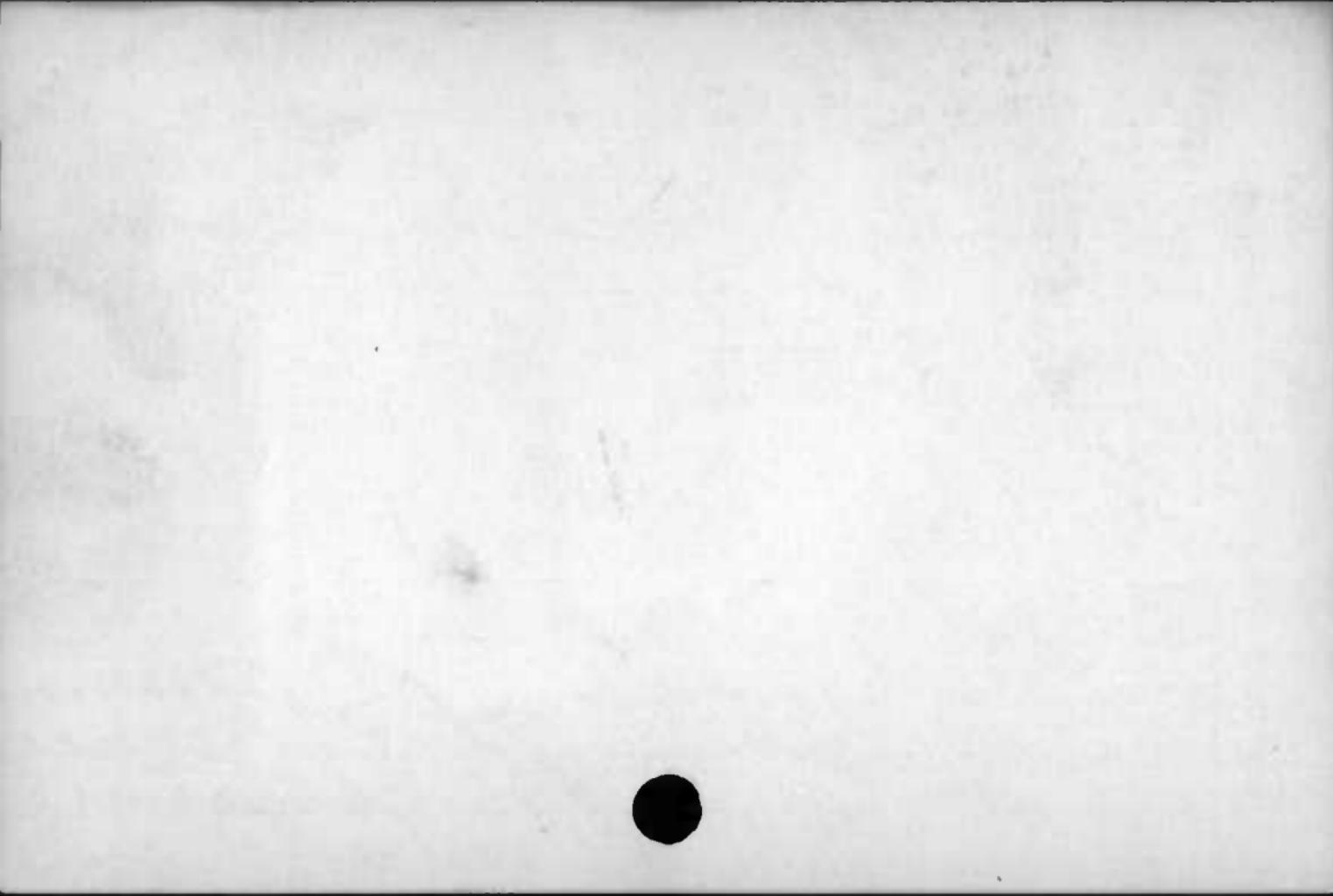
Signature of
Physician

Address

yes

John Ridout
Annapolis
Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	100	Month	Day	Years	Months	Days
Sex	Hedge	Color or Race	140 28			
Occupation	Where Residing if not at place of death					
Married, Engaged or Widowed	Name of Wife or Husband		Coronet Summers Co			
Father's Name	Dwight Remond		Dwight Remond			
Mother's Maiden Name	Julia Waters		Julia Waters			
Name of person giving Information	"Charles Collins friend"					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	179	How long
Immediate	Heart Failure	57 min.
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician
		Address
Accident or Suicide?	R. P. Keece 60 Cathedral St Annapolis, Md.	

Rosetta Winteler

CERTIFICATE OF DEATH

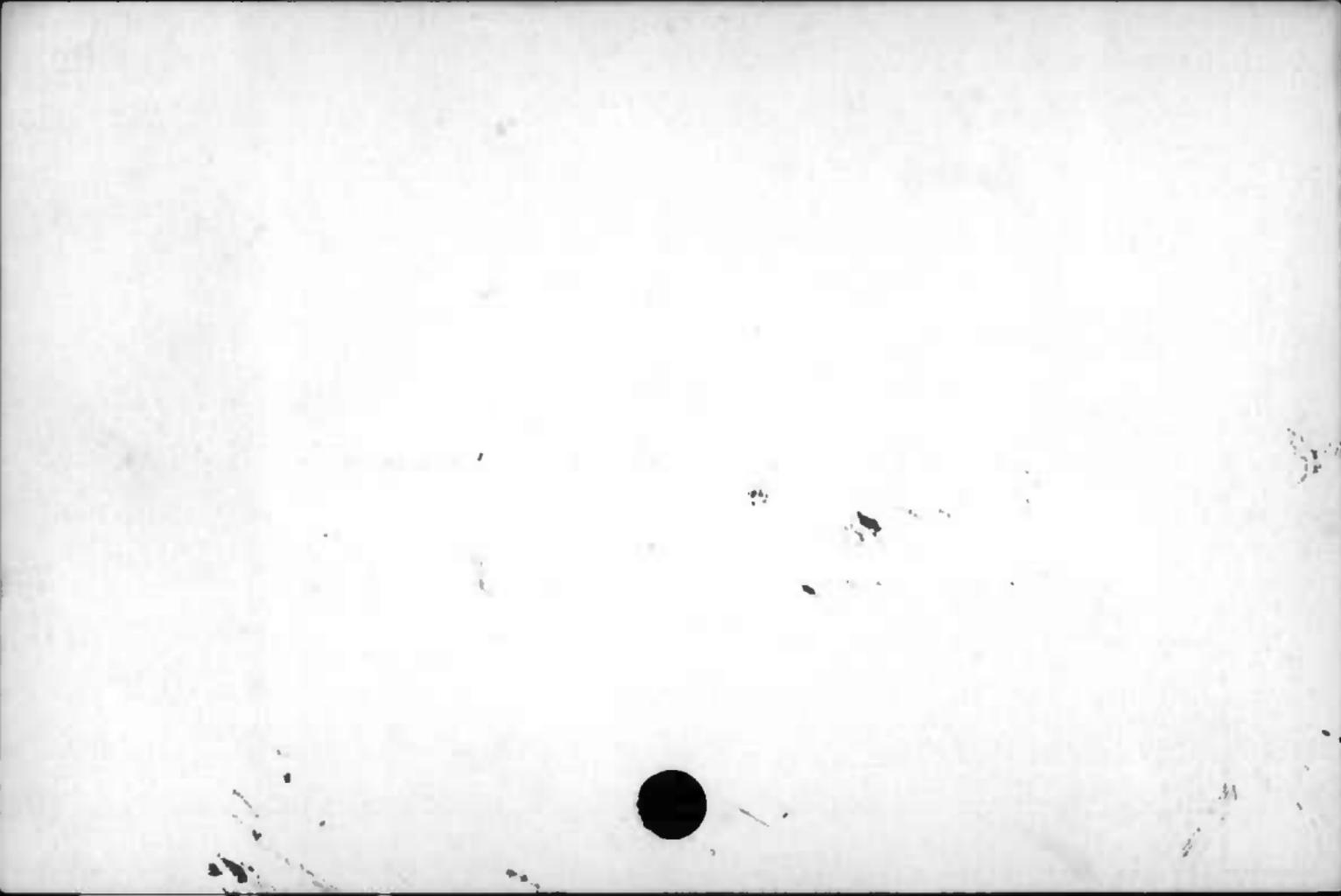
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at	Erligh Nights		S. F. Co.			
Date of death	1907	Month	Day	Years	Months	Days
Sex	Female	Color or Race	white	Age	58	
Occupation	Housewife		Where Residing if not at place of death	Erligh Nights		
Married, Single or Widowed			Wm E Winteler			
Father's Name	Casper Bowers		Father's Birthplace	Unknown		
Mother's Maiden Name	Unknown		Mother's Birthplace	Balto.		
Name of person giving information	Wm E Winteler		How related to deceased	Husband		

CAUSES OF DEATH

120

Primary	Chronic Nephritis		How long	3 1/2 yrs	
	Immediate	Kerosene Poisoning		How long	3 days.
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Chas D. Ricker Jr.	
			Address	Robinson, Md.	
Accident or Suicide?					



Name
in
Full

TO BE ANSWERED BY

NEAREST FRIEND

Robert - T. Hood
Died at East Port -

CERTIFICATE OF DEATH

MARYLAND

Died at		East Point		a a		MARYLAND	
Date of death	1907	Month	July	Day	3	Years	44
Sex	Male	Color or Race	White	Age	44	Months	—
Occupation	Laborer	Where Residing if not at place of death				Birthplace	A.A.C. Md
Married, Single or Widowed	Married	Name of Wife or Husband	Annie R. Wood				
Father's Name	Robert Wood				Father's Birthplace	A. Cal. Md	
Mother's Maiden Name	Willie A. Hard				Mother's Birthplace	A. Cal. Md	
Name of person giving information	Annie R. Wood				How related to deceased	Wife	

CAUSES OF DEATH

112

How long

5 m

How long

PHYSICIAN
OR CORONER

Primary

Am. Lion of Law

1mmediate

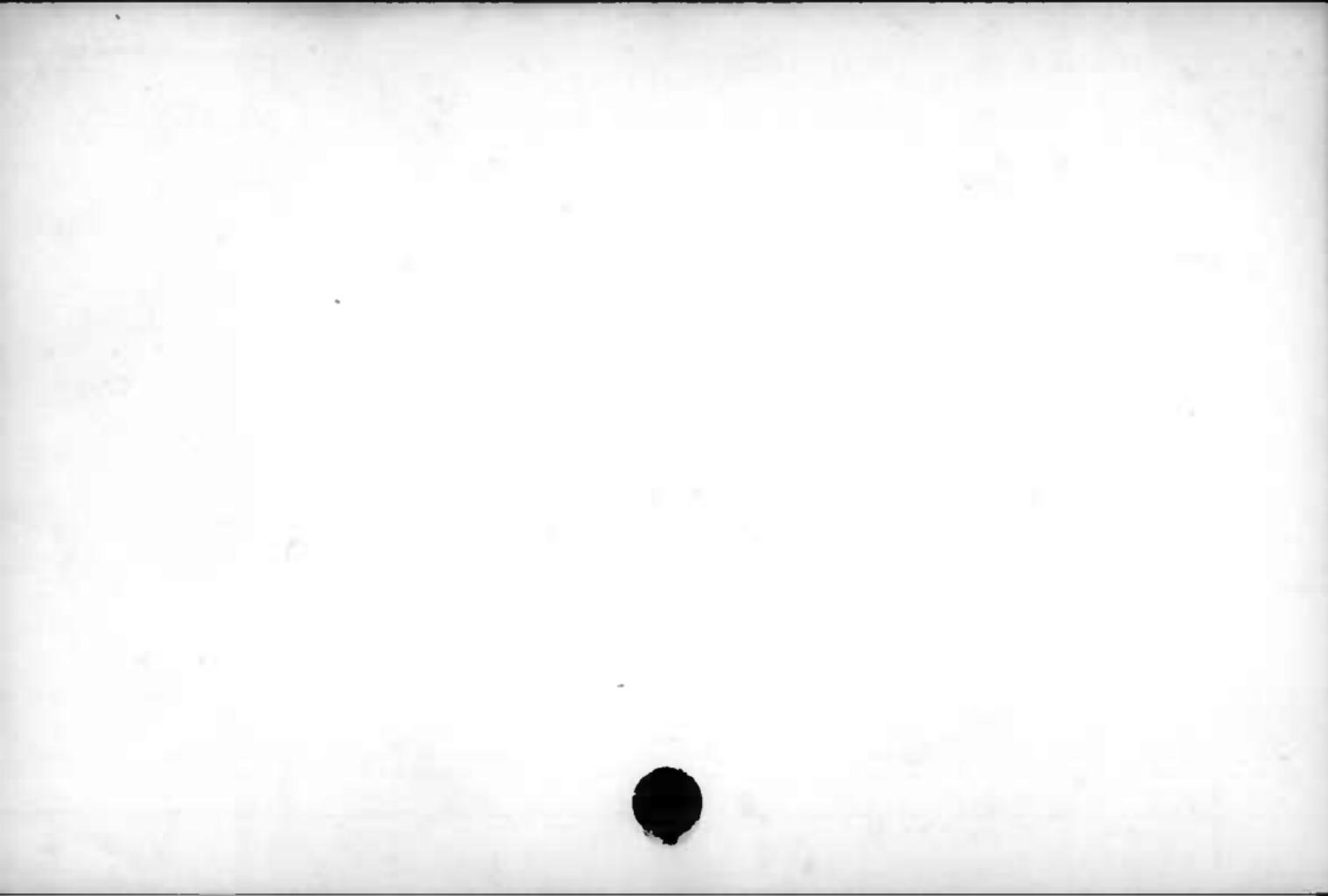
Are the name, age, sex, color, date and place correctly given above?

Signature of
Physician

Address:

J. J. Murphy.
Annie Murphy

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Idol Yeagerson

CERTIFICATE OF DEATH

Died at <u>Myers Farm</u>		Town	County <u>Anne Arundel</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>July</u>	Day <u>13</u>	Years <u>12</u>	Age <u>12</u>	Months <u>7</u>	Days
Sex <u>male</u>	Color or Race <u>White</u>	Birth-place <u>San Pearce Utah</u>				
Occupation <u>Water Boy</u>	Where Residing if not at place of death <u>Myers Farm</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband					
Father's Name <u>Henry Yeagerson</u>	Father's Birthplace <u>Denmark</u>					
Mother's Maiden Name <u>Adrienne M. Frederick</u>	Mother's Birthplace <u>Denmark</u>					
Name of person giving information <u>Osiah Johnson</u>	How related to deceased <u>Step Father</u>					
CAUSES OF DEATH						
Primary						
Immediate	Accident, struck by firewood, one minute					
How long						
Are the name, age, sex, color, date and place correctly given above?						
Signature of Physician						
Address						
Justice of the Peace Act. Coroner						

166

PITTSBURGH
CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Lester L Disney

Odenton, A. A. Co. Md.

Accident or Suicide

Justice of the Peace Act. Coroner

Name
in
Full

unknown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Chesapeake bay	County	Randall	MARYLAND	
Date of death	Month	July	Age	Years	Months	Days
1907	(1)					
Sex	Color or Race	Male	colored	Birth-place	not known	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	unknown	unknown			
Father's Name		unknown	Father's Birthplace	unknown		
Mother's Maiden Name		unknown	Mother's Birthplace	unknown		
Name of person giving information	How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	172	How long
brun		
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address
		Wilson Pharms Esq
Accident or Suicide?	Accident	Shady Side
		Crown Engraving

